

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004329

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE RADIUS PROJECT MASTER ASSOCIATION, INC.

Current Principal Place of Business:

5555 GLENRIDGE CONNECTOR SUITE 700
ATLANTA, GA 30342

New Principal Place of Business:

1830 RADIUS DRIVE
MANAGEMENT
HOLLYWOOD, FL 33020

Current Mailing Address:

5555 GLENRIDGE CONNECTOR SUITE 700
ATLANTA, GA 30342

New Mailing Address:

1830 RADIUS DRIVE
MANAGEMENT
HOLLYWOOD, FL 33020

FEI Number: 20-8954282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARDNER, ANDREW
Address: 5555 GLENRIDGE CONNECTOR SUITE 700
City-St-Zip: ATLANTA, GA 30342

Title: V () Delete
Name: MONARCHIK, ED
Address: 5555 GLENRIDGE CONNECTOR SUITE 700
City-St-Zip: ATLANTA, GA 30342

Title: STD () Delete
Name: EASTON, LORETTA
Address: 5555 GLENRIDGE CONNECTOR SUITE 700
City-St-Zip: ATLANTA, GA 30342

Title: D () Delete
Name: BERMAN, STEVEN B
Address: 3107 STIRLING ROAD SUITE 204
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: ZIMBRICK, ANGELA
Address: 5555 GLENRIDGE CONNECTOR SUITE 700
City-St-Zip: ATLANTA, GA 30342

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA ZIMBRICK

DTS

04/30/2008

Electronic Signature of Signing Officer or Director

Date