2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/8/2008-90016-049-$61.25-$61.25

FILED

08 OCT -6 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000005946

1. Entity Name
FONTAINBLEAU LAKES MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5835 BLUE LAGOON DRIVE 4TH FLOOR MIAMI, FL 33126	5835 BLUE LAGOON DRIVE 4TH FLOOR MIAMI, FL 33126

08052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-1974464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI, FL 33131	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GARCIA, MELISSA S 5835 BLUE LAGOON DRIVE 4TH FLOOR MIAMI, FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Melissa Sires- Garcia 5835 Blue Lagoon Drive 4th Flor Miami, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DONOSO, MARIA 5835 BLUE LAGOON DRIVE 4TH FLOOR MIAMI, FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Chantel Ndondi 5835 Blue Lagoon Drive 4th Flor Miami, FL 33126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GLASER, HARVEY 5835 BLUE LAGOON DRIVE 4TH FLOOR MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 8/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS