

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

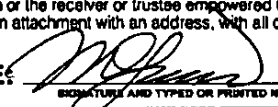
8/8/2008-90016-049-\$61.25-\$61.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N07000005946			
1. Entity Name FONTAINBLEAU LAKES MASTER ASSOCIATION, INC.			
Principal Place of Business 5835 BLUE LAGOON DRIVE 4TH FLOOR MIAMI, FL 33126		Mailing Address 5835 BLUE LAGOON DRIVE 4TH FLOOR MIAMI, FL 33126	
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 AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE 28TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent 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			
TITLE	DST GARCIA, MELISSA S ☒ Delete	TITLE	DP Melissa Sires-Garcia ☒ Change ☐ Addition
NAME	5835 BLUE LAGOON DRIVE 4TH FLOOR	NAME	5835 Blue Lagoon Drive 4th Floor
STREET ADDRESS	MIAMI, FL 33126	STREET ADDRESS	Miami, FL 33126
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DP DONOSO, MARIA ☒ Delete	TITLE	DST Chantel Ndendi ☐ Change ☒ Addition
NAME	5835 BLUE LAGOON DRIVE 4TH FLOOR	NAME	5835 Blue Lagoon Drive 4th Floor
STREET ADDRESS	MIAMI, FL 33126	STREET ADDRESS	Miami, FL 33126
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DV GLASER, HARVEY ☐ Delete	TITLE	
NAME	5835 BLUE LAGOON DRIVE 4TH FLOOR	NAME	
STREET ADDRESS	MIAMI, FL 33126	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 #	