2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90074 011 ****61.25

ANNUAL REPORT	
DOCUMENT # N0700000484	A THE TO

CARILLON HOTEL AND SPA MASTER ASSOCIATION,

I. Entity Name

INC.

Principal Place of Business Mailing Address 400 ARTHUR GODFREY BOULEVARD, SUITE 200 400 ARTHUR GODFREY BOULEVARD, SUITE 200 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122008 Chq-NP CR2E037 (12/06) Applied Fo City & State City & State 4. FEI Number Not Applic Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEPPARD, ERIC 400 ARTHUR GODFREY BOULEVARD, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH, FL 33140 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 acc 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP TITEF TITLE Change □ Ad ☐ Delete NAME SHEPPARD, ERIC NAME STREET ADDRESS 400 ARTHUR GODFREY BOULEVARD, SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33140 CITY - ST- ZIP DV ☐ Delete TITLE ☐ Change □ Ad TITLE WOLMAN, PHIL NAME NAME 400 ARTHUR GODFREY BOULEVARD, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI BEACH, FL 33140 CITY-ST-ZIP DST TITLE TITLE ☐ Change ☐ Ad ☐ Delete MURGIN, MARK NAME STREET ADDRESS 400 ARTHUR GODFREY BOULEVARD, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33140 ☐ Change ☐ Ad TITLE ☐ Delete TITLE GRAFF JEFF NAME NAME STREET ADDRESS 400 ARTHUR GODFREY BOULEVARD, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33140 ☐ Change □ Ad TITLE ☐ Delete WOLMAN, ADAM NAME NAME 400 ARTHUR GODFREY BOULEVARD, SUITE 200 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Ad TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP

NATURE: 4/19/19/8

^{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 informatic 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 direct 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 changed, or on an attachment with an address. With all other like empowered.