2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N07000009484

Entity Name: CARILLON HOTEL AND SPA MASTER ASSOCIATION, INC.

Current Principal Place of Business:

400 ARTHUR GODFREY BOULEVARD, SUITE 200
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

400 ARTHUR GODFREY BOULEVARD, SUITE 200
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPPARD, ERIC
400 ARTHUR GODFREY BOULEVARD, SUITE 200
MIAMI BEACH, FL 33140 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:	DP	( ) Delete
Name:	SHEPPARD, ERIC	
Address:	400 ARTHUR GODFREY BOULEVARD, SUITE 200	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	DV	( ) Delete
Name:	WOLMAN, PHIL	
Address:	400 ARTHUR GODFREY BOULEVARD, SUITE 200	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	DST	( ) Delete
Name:	MURGIN, MARK	
Address:	400 ARTHUR GODFREY BOULEVARD, SUITE 200	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	D	( ) Delete
Name:	GRAFF, JEFF	
Address:	400 ARTHUR GODFREY BOULEVARD, SUITE 200	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	D	( ) Delete
Name:	WOLMAN, ADAM	
Address:	400 ARTHUR GODFREY BOULEVARD, SUITE 200	
City-St-Zip:	MIAMI BEACH, FL 33140	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARK BURGIN COO 03/06/2009

Electronic Signature of Signing Officer or Director — Date