## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000004624

Apr 27, 2009 Secretary of State

Entity Name: EVERGLADES ON THE BAY MASTER ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

19950 WEST COUNTRY CLUB DRIVE 253 N.E. 2ND STREET MIAMI, FL 33136

**SUITE #900** 

AVENTURA, FL 33180

**New Mailing Address: Current Mailing Address:** 

19950 WEST COUNTRY CLUB DRIVE 253 N.E. 2ND STREET SUITE #900 MIAMI, FL 33136

AVENTURA, FL 33180

FEI Number: 26-3538542 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

RIVERA, OSCAR R ESQ AMKIE, ELIAS 253 NE 2ND STREET 201 ALHAMBRA CIRCLE **SUITE 1102** MIAMI, FL 33136 US

CORAL GABLES, FL 33134 US

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: ELIAS AMKIE 04/27/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

AMKIE, ELIAS Name: AMKIE, ELIAS Name: 19950 WEST COUNTRY CLUB DRIVE, STE 900 Address: 253 NE 2ND STREET Address:

City-St-Zip: AVENTURA, FL 33180 City-St-Zip: MIAMI, FL 33136

Title: SVD () Delete Title: SVD (X) Change ( ) Addition

HARARI, RAFAEL Name: HARARI, RAFAEL Name: Address: 19950 WEST COUNTRY CLUB DRIVE, STE 900 Address: 253 NE 2ND STREET City-St-Zip: AVENTURA, FL 33180 City-St-Zip: MIAMI, FL 33136

Title: () Delete Title: (X) Change ( ) Addition

PIQUE, SANDY Name: PIQUE, SANDY Name: 19950 WEST COUNTRY CLUB DRIVE, STE 900 253 NE 2ND STREET Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: MIAMI, FL 33136

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: ELIAS AMKIE PD 04/27/2009