2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N10965

1. Entity Name
SOUTHVIEW AT AVENTURA MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3440 NE 192 STREET AVENTURA, FL 33180 US	3400 NE 192ND ST. MANAGEMENT OFFCE MIAMI, FL 33180 US

01042005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2574459
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RANDALL K ROGER & ASSOCIATES, PA.
621 NW 53 ST.
#300
BOCA RATON, FL 33487

762241

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TAYLOR, BRIAN
STREET ADDRESS	3400 NW 192 ST., #204
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	PD
NAME	WEINBERGER, MORTON
STREET ADDRESS	3400 NE 192 STREET #1809
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	STD
NAME	DELPINO, ROBERTO
STREET ADDRESS	3440 NE 192 STREET #A5H
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/05-80054-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ MORTON WEINBERGER 1/12/05 (305) 932 4165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #