

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90119 034 ****61.25

DOCUMENT # N10965

1. Entity Name

SOUTHVIEW AT AVENTURA MASTER ASSOCIATION, INC.



Principal Place of Business

**3440 NE 192 STREET
AVENTURA FL 33180
US**

Mailing Address

**3400 NE 192ND ST.
MANAGEMENT OFFICE
MIAMI FL 33180
US**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2574459

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

B. 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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 ☐ Delete
NAME **D TAYLOR, BRIAN**
STREET ADDRESS **3400 NW 192 ST., #204**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME **PD WEINBERGER, MORTON**
STREET ADDRESS **3400 NE 192 STREET #1809**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME **STD DELPINO, ROBERTO**
STREET ADDRESS **3440 NE 192 STREET #A5H**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
NAME **D TORRES, JOHN**
STREET ADDRESS **3440 N.E. 192ND ST # A4N**
CITY-ST-ZIP **AVENTURA, FL. 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]

2-10-06