

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19990

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** PORTOFINO/SOUTH POINTE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

300 SOUTH POINT DRIVE  
L-2  
MIAMI BCH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 SOUTH POINT DRIVE  
L-2  
MIAMI BCH, FL 33139 US

**New Mailing Address:**

**FEI Number:** 65-0038651      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HABER, DAVID B P.A.  
1 S.E. 3RD AVE SUITE 1820  
SUN TRUST INT'L CENTER  
MIAMI, FL 33131 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: PD  
Name: BLAIR, JERRY  
Address: 300 SOUTH POINTE DR. #3103  
City-St-Zip: MIAMI, FL 33139

Title: VP  
Name: ROSSINI, CARLOTTA  
Address: 400 S. POINTE DR. UNIT 1005  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D  
Name: LENNON, JOHN  
Address: 300 SOUTH POINTE DR. #506  
City-St-Zip: MIAMI, FL 33139

Title: T  
Name: OWENS, RICHARD  
Address: 300 SOUTH POINTE DR. UNIT 403  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S  
Name: NOLAN, JACK  
Address: 400 S.POINTE DR. UNIT 1908  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: JERROLD BLAIR

PD

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date