## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9400000085

FILED Jun 11, 2007 Secretary of State

Entity Nam	ne: POINT LAKE MASTER ASSOCIATION, IN	C.
Current Principal Place of Business:		New Principal Place of Business:
P. O. BOX 8 MIAMI, FL		
Current Ma	ailing Address:	New Mailing Address:
P. O. BOX 8 MIAMI, FL		
FEI Number: In accordanc	65-0458589 FEI Number Applied For() e with s. 607.193(2)(b), F.S., the corporation did not r	FEI Number Not Applicable ( ) Certificate of Status Desired ( ) eceive the prior notice.
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
TRIAY, CAI 10570 NW SUITE 113 MIAMI, FL	27TH ST	TRIAY, CARLOS A 3750 N.W. 87 AVENUE SUITE 100 MIAMI, FL 33178 US
The above in the State		pose of changing its registered office or registered agent, or both,
SIGNATUR	E: CARLOS A. TRIAY, ESQUIRE	06/11/2007
	Electronic Signature of Registered Agent	Date
OFFICERS	AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P,D ( ) Delete VILA, ROBERTO 13215 SW 45 TERRACE MIAMI, FL 33175	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP,D ( ) Delete BUNTEN, HELEN 7640 SW 153 COURT,UNIT 102 MIAMI, FL 33193	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T,DS ( ) Delete VILORIA, LEDDY 15315 SW 76 TERR # 204 MIAMI, FL 33193	Title: T,D (X) Change ( ) Addition Name: LOPEZ, MARIAN Address: 7640 SW 153 COURT, UNIT 107 City-St-Zip: MIAMI, FL 33193
Title: Name: Address: City-St-Zip:	S,D ( ) Delete URQUIOLA, ANDREA 15363 SW 77 LANE MIAMI, FL 33193	Title: S,D (X) Change ( ) Addition Name: ODDO, EMILIANO Address: 15385 SW 76 TERRACE, #101 City-St-Zip: MIAMI, FL 33193
Title: Name: Address: City-St-Zip:	D ( ) Delete PEREZ, RAFAEL 15350 SW 76 TERRACE, UNIT 207 MIAMI, FL 33193	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: ROBERTO VILA P,D06/11/2007