


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000000085
 1. Entity Name
 POINT LAKE MASTER ASSOCIATION, INC.



Principal Place of Business
 P. O. BOX 831235
 MIAMI, FL 33283 US

Mailing Address
 P. O. BOX 831235
 MIAMI, FL 33283 US

DO NOT WRITE IN THIS SPACE



01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 65-0458589

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TRIAI, CARLOS A
 3750 N.W. 87 AVENUE
 SUITE 100
 MIAMI, FL 33178

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

Filing Fee is \$81.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D VILA, ROBERTO 13215 SW 45 TERRACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D BUNTEN, HELEN 7640 SW 153 COURT, UNIT 102 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,D LOPEZ, MARIAN 7640 SW 153 COURT, UNIT 107 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,D ODDO, EMILIANO 15385 SW 76 TERRACE, #101 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, RAFAEL 15350 SW 76 TERRACE, UNIT 207 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000796195
 01/29/08-80023-007 70.00

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Carrie

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Marian Lopez* **1/22/08** (305) 387-4380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #