


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90084 022 ****61.25


DOCUMENT # N98000004851	
1. Entity Name PONTE VERDE MASTER ASSOCIATION, INC.	

Principal Place of Business 953 UNIVERSTIY DR CORAL SPRINGS, FL 33071	Mailing Address 953 UNIVERSTIY DR CORAL SPRINGS, FL 33071
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
RANDALL J ROGER & ASSOC, PA 621 NW 53 ST SUITE #300 BOCA RATON, FL 33478	

40005000



01152007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0897363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 *Joe Xg, Agent* DATE *2/1/07*

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, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZOBEL, VIVIANNE	NAME	Raenell W. Kenson
STREET ADDRESS	9896 GRAND VERDE WAY	STREET ADDRESS	7353 Carmona Terr # 101
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, JOZIE	NAME	
STREET ADDRESS	777 YAMATO ORAD, SUITE 510	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, JOSE	NAME	
STREET ADDRESS	9832 PALM VISTA WAY	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *[Signature]* DATE: *1/31/07* DAYTIME PHONE: *561-218-1303*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR