

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008689

**FILED  
Mar 25, 2015  
Secretary of State  
CC6270052319**

**Entity Name:** SANDY LANE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

2397 COLLINS AVE.  
ATTEN:ASSOCIATION MANAGEMENT OFFICE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

2397 COLLINS AVE.  
ATTEN:ASSOCIATION MANAGEMENT OFFICE  
MIAMI BEACH, FL 33139

**FEI Number:** 42-1643633

**Certificate of Status Desired:** No

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

KRUT, JOSHUA D ESQ.  
WEISS SEROTA HELFMAN PASTORIZA COLE & BONISKE, P.L.  
200 EAST BROWARD BOULEVARD, SUITE 1900  
FORT LAUDERDALE, FL 33301 US

*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:** JOSHUA D. KRUT

03/25/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DOUGLAS, CAMILLE J  
Address 40 W. 57TH STREET 23RD FLOOR  
City-State-Zip: NEW YORK NY 10019

Title STD  
Name RAVED, JAMIE  
Address 2397 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33139

Title VPD  
Name COLAK, MATO  
Address 2301 COLLINS AVENUE  
City-State-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:** CAMILLE DOUGLAS

PD

03/25/2015

Electronic Signature of Signing Officer/Director Detail

Date