

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90066 027 ****78.75

DOCUMENT # **NO1000007048**

1. Entity Name
The Tower & Executive Residences Master Association, Inc.

DO NOT WRITE IN THIS SPACE

124322

2. Principal Place of Business
3400 SW 27 Avenue
Suite, Apt. #, etc.

3. Mailing Address
3400 SW 27 Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coconut Grove, FL
Zip **33133** Country

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Coconut Grove, FL
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4. FEI Number **51-0419107** Applied For
Not Applicable

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

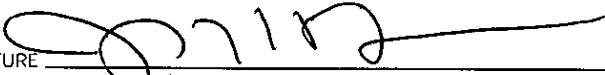
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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **United States Registered Agents, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
329 Granello Avenue

City **Coral Gables** FL Zip Code **33146**

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.

SIGNATURE 

8/21/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ROBERT E. DRAWBRIDGE 3400 SW 27th AVE Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DR. Stephen Grussmark 3400 SW 27th AVE #1601 Coconut Grove, FL 33133
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

8/21/02 305-644-4680