


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007048

1. Entity Name
THE TOWER AND EXECUTIVE RESIDENCES MASTER ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 3400 SW 27 AVENUE COCONUT GROVE, FL 33133 US | Mailing Address 3400 SW 27 AVENUE COCONUT GROVE, FL 33133 US |
|--|--|

DO NOT WRITE IN THIS SPACE



04272004 No Chg-NP CR2E037 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 51-0419107 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

UNITED STATES REGISTERED AGENTS, INC
 329 GRANELLO AVENUE
 CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2004

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 | D DRAWBRIDGE, ROBERT E 3400 SW 27TH AVE COCONUT GROVE, FL 33133 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GRUSSMARK, STEPHEN DR 3400 SW 27TH AVE #1601 COCONUT GROVE, FL 33133 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD PROOST, ROBERT 1526 EAST PARHAM ROAD RICHMOND, VA 23228 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000161581
 05/27/04-80001-015 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* _____ *5/24/04* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #