

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2008  
Secretary of State**

DOCUMENT# N01000007048

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

**Current Principal Place of Business:**

3400 SW 27 AVENUE  
COCONUT GROVE, FL 33133 US

**New Principal Place of Business:**

3300 SW 27 AVENUE  
COCONUT GROVE, FL 33133 US

**Current Mailing Address:**

329 GRANELLO AVENUE  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

FEI Number: 51-0419107      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DRAWBRIDGE, ROBERT E  
Address: 3400 SW 27TH AVE  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: GRUSSMARK, STEPHEN DR  
Address: 3400 SW 27TH AVE #1601  
City-St-Zip: COCONUT GROVE, FL 33133

Title: STD ( ) Delete  
Name: PROOST, ROBERT  
Address: 1526 EAST PARHAM ROAD  
City-St-Zip: RICHMOND, VA 23228

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT DRAWBRIDGE

D

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date