

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007048

FILED
May 01, 2009
Secretary of State

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

Current Principal Place of Business:

3300 SW 27 AVENUE
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

329 GRANELLO AVENUE
CORAL GABLES, FL 33146 US

New Mailing Address:

420 S. DIXIE HIGHWAY
SUITE 4B
CORAL GABLES, FL 33146 US

FEI Number: 51-0419107 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

UNITED STATES REGISTERED AGENTS, INC
420 S. DIXIE HIGHWAY
SUITE 4B
CORAL GABLES, FL 33146 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:

05/01/2009

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 E. DRAWBRIDGE

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date