

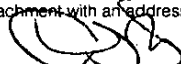


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90338 026 ****61.25

DOCUMENT # N03000001206					
1. Entity Name VALRICO POINTE MASTER ASSOCIATION, INC.					
Principal Place of Business 137 WEST ROBERTSON STREET BRANDON, FL 33511			Mailing Address POST OFFICE BOX 2614 BRANDON, FL 33509-2614		
2. Principal Place of Business		3. Mailing Address		40072601	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 85-0485859	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHADWELL, MICHAEL 401 CITRUS WOOD LANE VALRICO, FL 33594				Name ANTONIO DUARTE, III, P.A.	
				Street Address (P.O. Box Number is Not Acceptable) 6221 LAND O' LAKES BOULEVARD	
				City LAND O' LAKES, FLORIDA 34638	
				Zip Code FL	
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				DATE 4/2/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHADWELL, MICHAEL	NAME	Brooke, Charles		
STREET ADDRESS	401 CITRUS WOOD LANE	STREET ADDRESS	1205 Carriage Park Drive		
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	Valrico, FL 33594		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CROCKETT, ROGER	NAME	Fralick, Sherry		
STREET ADDRESS	822 CITRUS WOOD LN	STREET ADDRESS	2834 Park Meadow Drive		
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	Valrico, FL 33594		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	S/ TR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CHADWELL, ROBERT	NAME	Pet erman, Melissa		
STREET ADDRESS	4008 VALRICO GROVE DRIVE	STREET ADDRESS	2748 Abbey Grove Drive		
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	Valrico, FL 33594		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Charles L. Brooke		3/30/06 (813) 980-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	