

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 22, 2008
Secretary of State**

DOCUMENT# N03000001206

Entity Name: VALRICO POINTE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

VALRICO POINTE MASTER ASSOCIATION, INC.
1038 CARRIAGE PARK DRIVE
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

VALRICO POINTE MASTER ASSOCIATION, INC.
P.O. BOX 398
VALRICO, FL 33595 US

New Mailing Address:

FEI Number: 85-0485859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, EUGENE PRES
1038 CARRIAGE PARK DRIVE
VALRICO, FL 33594 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: P () Delete
Name: LEONARD, EUGENE
Address: 1038 CARRIAGE PARK DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: VP () Delete
Name: JARRETT, JOYCE
Address: 2705 PARK MEADOW DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: STR () Delete
Name: PANTELIS, ARISTOTLE
Address: 1218 CARRIAGE PARK DRIVE.
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ZORRILLA, ERNESTO
Address: 2716 ABBEY GROVE DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: STR (X) Change () Addition
Name: JARRETT, JOYCE
Address: 2705 PARK MEADOW DRIVE
City-St-Zip: VALRICO, FL 33594 US

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: JOYCE JARRETT

STR

12/22/2008

Electronic Signature of Signing Officer or Director

_____ Date