

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001206

FILED  
Feb 19, 2009  
Secretary of State

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: ZORRILLA, ERNESTO  
Address: 2716 ABBEY GROVE DRIVE  
City-St-Zip: VALRICO, FL 33594 US

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

**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: JOYCE JARRETT

STR

02/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date