

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001206

FILED  
Feb 16, 2010  
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:**

1463 OAKFIELD DR.  
SUITE 129  
BRANDON, FL 33511 US

**Current Mailing Address:**

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

**New Mailing Address:**

COMMUNITES OF AMERICA, INC.  
PO BOX 2608  
VALRICO, FL 33595 US

**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:**

COMMUNITES OF AMERICA, INC.  
1463 OAKFIELD DR.  
SUITE 129  
BRANDON, FL 33511 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: RICHARD PITROWSKI

02/16/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DEVEREUX, MIKE  
Address: PO BOX 2608  
City-St-Zip: VALRICO, FL 33595

Title: VP  
Name: ZORRILLA, ERNESTO  
Address: PO BOX 2608  
City-St-Zip: VALRICO, FL 33595 US

Title: STR  
Name: JARRETT, JOYCE  
Address: PO BOX 2608  
City-St-Zip: VALRICO, FL 33595 US

I hereby 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 all other like empowered.

SIGNATURE: COMMUNITES OF AMERICA, INC.

CAM

02/16/2010

Electronic Signature of Signing Officer or Director

Date