

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003817

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PALM POINTE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST, FL 32137

**New Principal Place of Business:**

2 CAMINO DEL MAR  
PALM COAST, FL 32137

**Current Mailing Address:**

POST OFFICE BOX 350988  
PALM COAST, FL 32135

**New Mailing Address:**

FEI Number: 20-2702791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOUTHERN STATES MANAGEMENT GROUP, INC.  
7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

SOUTHERN STATES MANAGEMENT GROUP, INC.  
2 CAMINO DEL MAR  
PALM COAST, FL 32137 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: FRED ANNON JR

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS  
Name: ARAGONES, JEREMIAH  
Address: POST OFFICE BOX 350988  
City-St-Zip: PALM COAST, FL 32135

Title: DPT  
Name: NOLAN, WILLIAM  
Address: POST OFFICE BOX 350988  
City-St-Zip: PALM COAST, FL 32135

Title: D  
Name: HERGET, ALBERT  
Address: POST OFFICE BOX 350988  
City-St-Zip: PALM COAST, FL 32135

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: WILLIAM NOLAN

PD

04/29/2011

Electronic Signature of Signing Officer or Director

Date