

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROPRIATELY FILED

55 MAY - 1 AM

SECRETARY OF TALLAHASSEE, FL

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N30558**

(3) SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Corporation Name  
**ANDALUCIA MASTER ASSOCIATION, INC.**

Principal Place of Business: **6380 MARBELLA BLVD P O BOX 3153 APOLLO BEACH FL 33572**  
Mailing Address: **6380 MARBELLA BLVD P O BOX 3153 APOLLO BEACH FL 33572**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/08/1989**      3a. Date of Last Report: **03/21/1994**  
4. FEI Number: **59-2942027**      Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**  
8. The corporation has liability for intangible tax under § 199.022, Florida Statutes:  Yes  No

2. Principal Place of Business: **12228 N. 56 ST. TAMPA FL 33617**  
2a. Mailing Address: **12228 N. 56 ST. TAMPA FL 33617**  
21. State, Apt. #, etc.: **FL**      26. State, Apt. #, etc.: **FL**  
22. City & State: **TAMPA FL**      27. City & State: **TAMPA FL**  
23. Zip: **33617**      28. Zip: **33617**  
24. Country: **HILLSBOROUGH**      29. Country: **HILLSBOROUGH**

9. Name and Address of Current Registered Agent:  
**MOYER, BOB  
12228 NORTH 56TH STREET  
TAMPA FL 33617**

10. Name and Address of New Registered Agent:  
B1 Name: **C/O VANGUARD MANAGEMENT**  
B2 Street Address (P.O. Box Number is Not Acceptable):  
B3 City: **FL**      B5 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*      DATE: **4-14-94**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PDT</b>	NAME: <b>MAHAYNI, ZAKI S.</b>	11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>5614 LAROSA LANE</b>	CITY-ST-ZIP: <b>APOLLO BEACH FL</b>	12 NAME:	
		13 STREET ADDRESS:	
		14 CITY-ST-ZIP:	
TITLE: <b>SD</b>	NAME: <b>CARTWRIGHT, JO ANN</b>	21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>6380 MARBELLA BLVD</b>	CITY-ST-ZIP: <b>APOLLO BEACH FL 33572</b>	22 NAME:	
		23 STREET ADDRESS:	
		24 CITY-ST-ZIP:	
TITLE:	NAME:	31 TITLE: <b>VID</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	32 NAME: <b>Hefner, Robert L.</b>	
		33 STREET ADDRESS: <b>6380 Marbella Boulevard</b>	
		34 CITY-ST-ZIP: <b>Apollo Beach, FL 33572</b>	
TITLE:	NAME:	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE:	NAME:	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
TITLE:	NAME:	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	62 NAME:	
		63 STREET ADDRESS:	
		64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*      DATE: **4/19/95**      TELEPHONE: **(813) 645-0203**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR