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Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N30558 (3)

1. Corporation Name  
ANDALUCIA MASTER ASSOCIATION, INC.



Principal Place of Business Mailing Address  
12228 N 56TH ST 12228 N 56TH ST  
C/O VANGUARD MGT C/O VANGUARD MGT  
TAMPA FL 33617 TAMPA FL 33617-1531  
US US

3. Date Incorporated or Qualified 02/08/1989 3a. Date of Last Report 01/31/1996

2. Principal Place of Business 21 2a. Mailing Address 26

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

City & State 23 City & State 28

Zip 24 Country 25 Zip 29 Country 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

MOYER, BOB  
12228 NORTH 58TH STREET  
C/O VANGUARD MGT  
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

Table with 5 rows for officers and directors, including titles, names, and addresses.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows for additions and changes to officers and directors, including titles, names, and addresses.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-97 813-988-1152  
Date Daytime Phone # 0048400

CFR2E037 (9/96)