

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30558 (3)
1. Corporation Name
ANDALUCIA MASTER ASSOCIATION, INC.



Principal Place of Business 12220 N 60TH ST C/O VANGUARD MGT TAMPA FL 33617 US	Mailing Address 12220 N 60TH ST C/O VANGUARD MGT TAMPA FL 33617 US
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3. Date Incorporated or Qualified 02/08/1989		
4. FEI Number 59-2942027	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 8137 TEMPLE TERRACE Hwy. Suite, Apt. #, etc.	2a. Mailing Address 26 8137 TEMPLE TERRACE Hwy.
22 City & State 23 TEMPLE TERRACE, FL	27 City & State 28 TEMPLE TERRACE, FL
24 Zip 33637 25 Country USA	29 Zip 33637 30 Country USA

9. Name and Address of Current Registered Agent
MOYER, BOB
12220 NORTH 60TH 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)
8137 TEMPLE TERRACE Hwy.
83
84 City
TEMPLE TERRACE FL 85 Zip Code
33637

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 *Bob Moyer* **1-27-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PDT MAHAYNI, ZAKE	<input type="checkbox"/>
NAME	6380 MARBELLA BLVD	
STREET ADDRESS	APOLLO BEACH FL	
CITY-ST-ZIP		
TITLE	SD CARTWRIGHT, JO ANN	<input type="checkbox"/>
NAME	6380 MARBELLA BLVD	
STREET ADDRESS	APOLLO BEACH FL 33572	
CITY-ST-ZIP		
TITLE	VD FERNANDEZ, DAVID R.	<input type="checkbox"/>
NAME	6380 MARBELL BLVD	
STREET ADDRESS	APOLLO BEACH FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *Bob Moyer* **1-27-98**

CFE037 (10/97)