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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N30558

1. Corporation Name
 ANDALUCIA MASTER ASSOCIATION, INC.

Principal Place of Business
 8737 TEMPLE TERRACE HWY
 C/O VANGUARD MGT
 TEMPLE TERRACE FL 33637
 US

Mailing Address
 8737 TEMPLE TERRACE HWY
 C/O VANGUARD MGT
 TEMPLE TERRACE FL 33637
 US



2. Principal Place of Business 21 8755 TEMPLE TERRACE HWY	2a. Mailing Address 26 8755 TEMPLE TERRACE HWY	3. Date Incorporated or Qualified 02/08/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2942027
22	27 C/O VANGUARD MGT	Applied For Not Applicable
City & State 23	28 TEMPLE TERRACE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24	29 33637 30 US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
 MOYER, BOB
 8737 TEMPLE TERRACE HWY
 C/O VANGUARD MGT
 TEMPLE TERRACE FL 33637

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 8755 TEMPLE TERRACE HWY
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAYNI, ZAKE	1.2 NAME	
STREET ADDRESS	6380 MARBELLA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTWRIGHT, JO ANN	2.2 NAME	
STREET ADDRESS	6380 MARBELLA BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL 33572	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, DAVID R.	3.2 NAME	
STREET ADDRESS	6380 MARBELL BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	AGENT MOYER, ROBERT
STREET ADDRESS		4.3 STREET ADDRESS	8755 TEMPLE TERRACE HWY.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33637
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED MOYER 1-19-99 813-988-1152
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)