

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



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

FILED

99 MAR 29 AM 8:27

DOCUMENT # N30558

AMENDED AR

1. Corporation Name

ANDALUCIA MASTER ASSOCIATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



*Handwritten mark*

21	2. Principal Place of Business 8737 TEMPLE TERRACE HWY	2a. Mailing Address 8737 TEMPLE TERRACE HWY	3. Date Incorporated or Qualified 02/08/1989
22	Suite, Apt. #, etc.	Suite, Apt. #, etc. C/O VANGUARD MGT	4. FEI Number 59-2942027
23	City & State TEMPLE TERRACE, FL	City & State TEMPLE TERRACE, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33637	Country 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) 8737 TEMPLE TERRACE HWY
83		84	City
		85	Zip Code FL

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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAYNI, ZAKE	1.2 NAME	D
STREET ADDRESS	6380 MARBELLA BLVD	1.3 STREET ADDRESS	500002840895-0000
CITY-ST-ZIP	APOLLO BEACH FL	1.4 CITY-ST-ZIP	04/15/99-01112-002
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD CARTWRIGHT, JO ANN	2.2 NAME	SID WARNER, MARGO
STREET ADDRESS	6380 MARBELLA BLVD	2.3 STREET ADDRESS	5906 MINORCA
CITY-ST-ZIP	APOLLO BEACH FL 33572	2.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD FERNANDEZ, DAVID R.	3.2 NAME	VID MCCUE PAT
STREET ADDRESS	6380 MARBELL BLVD	3.3 STREET ADDRESS	5910 MINORCA
CITY-ST-ZIP	APOLLO BEACH FL	3.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	<input type="checkbox"/> DELETE	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	8737 TEMPLE TERRACE HWY.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33637
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PID WUTT, ERIC
STREET ADDRESS		5.3 STREET ADDRESS	5914 1A ROSA LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	<input type="checkbox"/> DELETE	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: \_\_\_\_\_ Date: 1-19-99 Daytime Phone #: 813-988-1152