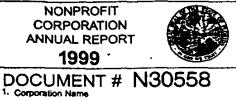
FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 1999

ANDALUCIA MASTER ASSOCIATION, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

AMENDED AR

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99 MAR 29 AM 8: 27

SECULLARIO OF STATE TALLARIOSES EL CRIDA

Principal Place of Business 8737 TEMPLE TERRACE HWY

Mailing Address **6737 TEMPLE TERRACE HWY**

8737 TEMPLE TERRACE HWY C/O VANGUARD MGT TEMPLE TERRACE FL 33637 US	(8731) TEMPLE TERRACE HWY C/O VANGUARD MGT TEMPLE TERRACE FL 33637 US	
2. Principal Place of Business	TWY 2a. Mailing Address NEACE 26 8739 TEMPLE TEXLER	3. Date incorporated or Qualified 02/08/1989

Suite, Apt.	#, etc.	Suite Apt. #, etc.		,	4. FEI Number		Applied For		
22		127 (U/1) .112 N/W	UAKD	MON	59-2942027		Not Applicable		
City & Stat	ie .	28 TEMPLE T	PRAC	رسيل بين	5. Certificate of Status Desired		5 Additional Required		
Zip	Country	Zip and	Country	<u> </u>		 -			
24	25	33637 3	¬ ′/	15	Election Campaign Financing Trust Fund Contribution	7 - 1	00 May Be ed to Fees		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered Agent			
			81	Name					
MOYER, E	ROR.								
8737 TEMPLE TERRACE HWY			82	Sirver Address (P.O. Box Number is Not Acceptable) TEMPLE TEXACE HWY					
			83	, , , ,	e remise read.				
C/O VANGUARD MGT									
TEMPLE TERRACE FL 33637			84	City		FL 85 2	ip Code		
11. Pursuant	to the amplisions of Sections 617 0502	and 617 1508 Florida Statutes	the shove	named cov	nocation submits this statement for the		its remetered		
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 many many accept the obligations of, Section 617.0503, Florida Statutes.									
_	im minima won, and accept the obligation	ons or, section 617.0503, Florid	. 29TUTBIC B						
SIGNATURE	Signature, typed or primed name of registered agent a	and title if Strategickie (NCTS: B)	American Arrest	emener er	red when rensisting)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO O		TORS IN 12		
TITLE	198	☐ DELETE	1,1 TITLE	ib		Chan			
NAME	MAHAYNI, ZAKE		12 NAME	120		7			
STREET ADDRESS	6380 MARBELLA BLVD		1.3 STREET	Anness	~ ~~~C/K/C/K/ -:04/15/h	33011120	eren in interest in the second		
CITY-ST-ZIP	APOLLO BEACH FL		1.4 CITY- ST-		ം വരുന്നു. വിവിത്തിന്റേണ്ട്	331 011120 1.25 *******	102		
TITLE	SD	DELETE	21 TILE	12	110	L <u>-Ci - 5-8-6-8-6-</u> [☐Chan	ge Addition		
NAME	CARTWRIGHT, JO ANN		2.2 NAME	-~	MARNER, MARGO	<u></u>	y		
STREET ADDRESS	6380 MARBELLA BLVD		2.3 STREET	INDRESS C	906 MINURCA				
CITY-ST-ZIP	APOLLO BEACH FL 33572		2 4 CITY-ST		APOHO BEACH. FL	33572			
TILE	VD	DELETE	3.1 TILE		JFID	Chan	ge NAddition		
NAME	FERNANDEZ, DAVID R.	\sim	3.2 NAME	'	MACH - DAT		7		
STREET ADDRESS	6380 MARBELL BLVD		3.3 STREET	LINDRESS (MCCHE PAT				
CITY-ST-ZIP	APOLLO BEACH FL		3.4. CITY-ST		1910 MINORCA	33572			
TILE	74 000 00 101710	☐ DELETE	4.1 TITLE	1.6	FRENT BEACH, 1-1		ge Addition		
NAME			4.2 NAME	,	NOYER, ROBERT				
STREET ADDRESS			4.3 STREET	OORESS	TORKA TORRA	æ Hwy.			
CITY-ST-ZP			4.4 OTTY-ST-	70 3	TEMPLE TERRACE,	FL 3363	37		
TITLE		DELETE	5.1 TITLE	ĪF		Chan			
NAME			5.2 NAME		in my ITICICO		\sim		
STREET ADDRESS			5.3 STREET	DORESS V	CALL A SACA LANE				
CITY-ST-ZP			5.4 CITY-5T-	ze 5	GIY LA ROSA LANE A POILO PLEACH, FL	33572			
TITLE		☐ DELETE	&1 TITLE		· · · · · · · · · · · · · · · · · · ·	Chan	ge Addition		
NAME			6.2 NAME	1					
STREET ADDRESS			6.3 STREET	DORESS					
CITY-ST-ZIP			6.4 CITY-ST-	23°					

14. Thereby 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 suppliemental 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 chappey, expo. an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE FABRICATION YER