


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90144 010 ****70.00

DOCUMENT # N30558			
1. Entity Name ANDALUCIA MASTER ASSOCIATION, INC.			
Principal Place of Business 6380 MARBELLA BLVD. APOLLO BEACH, FL 33572 US		Mailing Address C/O WISE PROPERTY MGMT. 16105 N. FLORIDA, STE. A LUTZ, FL 33549 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02012005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2942027

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIVEY, WILLIAM C/O WISE PROPERTY MGMT. 16105 N. FLORIDA, STE. A LUTZ, FL 33549		Name STEVEN MEZER Street Address (P.O. Box Number is Not Acceptable) 200 S. FRANKLIN ST City TAMPA FL Zip Code 33602	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **STEVEN H. MEZER** DATE **3/16/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

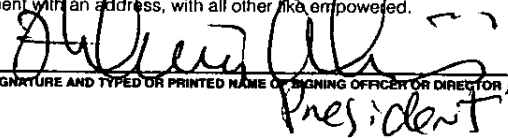
Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARMSTRONG, BILL			NAME	BILL ARMSTRONG		
STREET ADDRESS	1419 JUMANA			STREET ADDRESS	16105 N. FLORIDA #A		
CITY-ST-ZIP	APOLLO BEACH, FL 33572			CITY-ST-ZIP	LUTZ FL 33549		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GILLETTE, TRACEY			NAME	GLENN PEARSON		
STREET ADDRESS	1414 JUMANA LP			STREET ADDRESS	16105 N. FLORIDA #A		
CITY-ST-ZIP	APOLLO BEACH, FL 33572			CITY-ST-ZIP	LUTZ, FL 33549		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BALLARD, MEL			NAME	KEITH HILL		
STREET ADDRESS	1422 JUMANA LOOP			STREET ADDRESS	16105 N. FLORIDA #A		
CITY-ST-ZIP	APOLLO BEACH, FL 33572			CITY-ST-ZIP	LUTZ, FL 33549		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DYKEMA, VERN			NAME	TONY BRESCIA		
STREET ADDRESS	1401 ALHAMBRA			STREET ADDRESS	16105 N. FLORIDA #A		
CITY-ST-ZIP	APOLLO BEACH, FL 33572			CITY-ST-ZIP	LUTZ, FL 33549		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONTAGUE, MARIANNA			NAME			
STREET ADDRESS	6301 MARBELLA			STREET ADDRESS	16105 N. FLORIDA #A		
CITY-ST-ZIP	APOLLO BEACH, FL 33572			CITY-ST-ZIP	LUTZ, FL 33549		
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OKIVIERI, FRANK			NAME	FRANK OLIVIERI		
STREET ADDRESS	1446 JUMANA LOOP			STREET ADDRESS	16105 N. FLORIDA #A		
CITY-ST-ZIP	APOLLO BEACH, FL 33572			CITY-ST-ZIP	TAMPA FL 33549		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Franklin Olivieri** (813) 649-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **April 11, 2005**
Date