


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90116 031 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2942027	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEZER, STEVEN 220 S FRANKLIN ST TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			1801 N. Highland Ave		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GILLETTE, TRACY		NAME		
STREET ADDRESS	16105 N FLORIDA, #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHITE, MARTIN		NAME	PD	
STREET ADDRESS	16105 N FLORIDA, #A		STREET ADDRESS	MICHAEL L WALL	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	16105 N. FLORIDA, #A	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change
NAME	HILL, KEITH		NAME		
STREET ADDRESS	16105 N FLORIDA, #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change
NAME	BRESCIA, TONY		NAME	ROBERT H. MUIR	
STREET ADDRESS	16105 N FLORIDA, #A		STREET ADDRESS	16105 N. FLORIDA, #A	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME	BALLARD, MEL		NAME		
STREET ADDRESS	16105 N. FLORIDA #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change
NAME	OKIVIERI, FRANK		NAME	OLIVIERI, FRANK	
STREET ADDRESS	16105 N FLORIDA, #A		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____			18 April 2008 803 914		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		