

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30558

FILED
Jan 29, 2009
Secretary of State

Entity Name: ANDALUCIA MASTER ASSOCIATION, INC.

Current Principal Place of Business:

6380 MARBELLA BLVD.
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

Current Mailing Address:

C/O WISE PROPERTY MGMT.
16105 N. FLORIDA, STE. A
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-2942027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N HIGHALAND AVVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GILLETTE, TRACY
Address: 16105 N FLORIDA, #A
City-St-Zip: LUTZ, FL 33549

Title: PD () Delete
Name: WALL, MICHAEL L
Address: 16105 N FLORIDA A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: HILL, KEITH
Address: 16105 N FLORIDA, #A
City-St-Zip: LUTZ, FL 33549

Title: VD () Delete
Name: MUIR, ROBERT H
Address: 16105 N FLORIDA A
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: BALLARD, MEL
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD () Delete
Name: OLIVERI, FRANK
Address: 16105 N FLORIDA, #A
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WALL

Electronic Signature of Signing Officer or Director

PRES

01/29/2009

Date