

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30558

FILED  
Mar 28, 2012  
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.  
17824 N. US HWY 41  
LUTZ, FL 33549 US

**New Mailing Address:**

**FEI Number:** 59-3005430      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEZER, STEVEN  
1801 N HIGHLAND AVE  
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: D  
Name: SANDERS, RONALD H  
Address: 17824 N. US HWY 41  
City-St-Zip: LUTZ, FL 33549

Title: P  
Name: HILL, KEITH A  
Address: 17824 N. US HWY 41  
City-St-Zip: LUTZ, FL 33549

Title: TD  
Name: SMOLKER, DAVID  
Address: 17824 N. US HWY 41  
City-St-Zip: LUTZ, FL 33549

Title: VP  
Name: BALLARD, MEL  
Address: 17824 N. US HWY 41  
City-St-Zip: LUTZ, FL 33549

Title: S  
Name: O'BRIEN, JERRY  
Address: 17824 N. US HWY 41  
City-St-Zip: LUTZ, FL 33549

Title: D  
Name: DENSMORE, JOHN  
Address: 17824 N. US HWY 41  
City-St-Zip: LUTZ, FL 33549

I hereby 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 all other like empowered.

SIGNATURE: KEITH HILL

PRES

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date