

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40536

FILED
Jul 06, 2009
Secretary of State

Entity Name: V.D.L. MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1617 N FLAGLER DR
W. PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

C/O TOUCHSTNE WEBB
225 SOUTHERN B. 202
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 65-0231390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SALATA, KATHLEEN
225 SOUTHERN BLVD
STE 202
WEST PALM BEACH, FL 33405 US

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: P () Delete
Name: MCCANN, SHERRY
Address: 1617 NORTH FLAGLER 6A
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DT () Delete
Name: PAPPER, MARY A
Address: 1617 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP () Delete
Name: WATREN, DONALD
Address: 1617 NO. FLAGLER DR. 7B
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: BLACKBURN, GLORIA
Address: 1617 N. FLAGLER DR., 602
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Delete
Name: STERN, BARRY
Address: 17 WEEKS AVE
City-St-Zip: OYSTER BAY, NY 11771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BORCHERT, SHERRY
Address: 1617 NORTH FLAGLER 6A
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DT (X) Change () Addition
Name: PAPPAS, MARY A
Address: 1617 N FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

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

Title: S (X) Change () Addition
Name: FISCH, SAMUEL
Address: 1617 N. FLAGLER DR., 802
City-St-Zip: WEST PALM BEACH, FL 33407

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: SHERRY MCCANN BORCHERT

PRES

07/06/2009

Electronic Signature of Signing Officer or Director

Date