

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90186 026 \*\*\*\*61.25

<b>DOCUMENT # N40536</b> 1. Entity Name V.D.L. MASTER ASSOCIATION, INC.			
Principal Place of Business 1617 N FLAGLER DR W. PALM BEACH, FL 33407		Mailing Address 1617 N FLAGLER DR W. PALM BEACH, FL 33407	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address To Touchstone Webb 225 Southern Blvd #202 West Palm Beach, FL 33405      USA	
4. FEI Number 65-0231390		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 BECKER & POLIAKOFF, P.A. 500 AUSTRALIAN AVE SOUTH WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name: Kathleen Salata Street Address (P.O. Box Number is Not Acceptable): 225 Southern Blvd Suite 202 City: West Palm Bch      FL      Zip Code: 33405	
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: <u>Kathleen Salata</u> <u>Property Mgr</u> <u>3/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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: PD NAME: BITTING, REINE F STREET ADDRESS: 1617 N FLAGLER DR, #1A CITY-ST-ZIP: WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE: PD NAME: Jonathan Mann #3B STREET ADDRESS: 1617 N Flagler Dr CITY-ST-ZIP: West Palm Bch, FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FUSZ, LOUIS STREET ADDRESS: 1617 N FLAGLER DRIVE CITY-ST-ZIP: WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE: DT NAME: Mary Alice Pappas STREET ADDRESS: 1617 N Flagler Dr #4A CITY-ST-ZIP: West Palm Bch, FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DTS NAME: BITTING, KENNETH H STREET ADDRESS: 1617 N FLAGLER DR CITY-ST-ZIP: WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete	TITLE: DS NAME: Sec: Sherry Mc Cann #6A STREET ADDRESS: 1617 N Flagler Dr CITY-ST-ZIP: West Palm Bch, FL 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jonathan Mann</u> <u>4/10/06</u> <u>835-1665</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Daytime Phone #</small>			

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