

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90326 047 ****61.25

DOCUMENT # 748870

1. Entity Name
MASTERS CONDOMINIUMS, INC.



Principal Place of Business
**190 N WESTMONTE DR #100
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**190 N WESTMONTE DR #100
ALTAMONTE SPRINGS, FL 32714**

40063734



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2000445

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, MARILYN
190 N WESTMONTE DR #100
ALTAMONTE SPRINGS, FL 32714**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MACTAVISH, DON
6210 MASTERS BOULEVARD
ORLANDO, FL 32819** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
RUDOLPH, LEE
6204 MASTERS BLVD
ORLANDO, FL 32819** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
IMBRUGLIA, ELAINE
8990 HOUSTON PLACE
ORLANDO, FL 32819** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOFF, ROBERT
210 KILBOURN RD.
ROCHESTER, NY 14618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RICHTER, PAT
34 FOREST DR.
MECHANICSBURG, PA 17055** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WALTERS, JUDY
152 THIRD STREET
PIKEVILLE, KY 41501** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Fitzgibbon, Naomi
9035 Esterling Dr.
Orlando, FL 32819** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Bolstad, mildred
23 carvers Green
chaska, MN 55318-1036** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Clark, Brent
946 William Penn Ct
Pittsburg, PA 15221** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Donell L. Mactavish, Pres. 4/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

401 576-6175