


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000007407						<p>FILED</p> <p>07 JUN 19 PM 12:36</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																														
1. Entity Name VILLA DEL SOL AT MEADOW WOODS MASTER ASSOCIATION INC.				Principal Place of Business C/O PROPER-T-MANAGEMENT INC 2909 GRAFTON DR. KISSIMMEE, FL 34741				Mailing Address C/O PROPER-T-MANAGEMENT INC. PO BOX 772018 ORLANDO, FL 32824 20																												
2. Principal Place of Business No P.O. Box # 1801 Cook Avenue Suite, Apt. #, etc.				3. Mailing Address 1801 Cook Avenue Suite, Apt. #, etc.				05012007 Chg-NP CR2E037 (12/06)																												
City & State Orlando Florida Zip 32806 Country Orange				City & State Orlando Florida Zip 32806 Country Orange				4. FEI Number 65-1166212																												
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable				6. Name and Address of Current Registered Agent PROPER-T-MANAGEMENT INC. 2909 GRAFTON DR. KISSIMMEE, FL 34741																												
7. Name and Address of New Registered Agent Name: Steven D. Asher Street Address (P.O. Box Number is Not Acceptable): 1801 Cook Avenue City: Orlando FL Zip Code: 32806				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: <i>[Signature]</i>				Amended AR is \$61.25																												
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				Make check payable to Florida Department of State				10. OFFICERS AND DIRECTORS																												
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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: <i>[Signature]</i>				ANTONIO LOPEZ				05/07/07 (407) 435-3945																												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date				Daytime Phone #																												