


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90023 003 ****61.25

DOCUMENT # N40536 1. Entity Name V.D.L. MASTER ASSOCIATION, INC.					
Principal Place of Business 1617 N FLAGLER DR W. PALM BEACH, FL 33407			Mailing Address C/O TOUCHSTONE WEBB 225 SOUTHERN B. 202 WEST PALM BEACH, FL 33405		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0231390	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SALATA, KATHLEEN 225 SOUTHERN BLVD STE 202 WEST PALM BEACH, FL 33405				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MANN, JONATHAN 1617 N FLAGLER DR, #1A WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Sherry McCann 1617 North Flagler Dr 6A West Palm Bch FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PAPPER, MARY A 1617 N FLAGLER DRIVE WEST PALM BEACH, FL 33407	<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	VP COCHRANE, DOUGLAS 1617 N. FLAGLER DR., 5B WEST PALM BEACH, FL 33407	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Donald Warren 1617 No. Flagler Dr 7B West Palm Bch FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACKBURN, GLORIA 1617 N. FLAGLER DR., 602 WEST PALM BEACH, FL 33407	<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	D CIOCI, IOANA 522 VIRRORIO AVE. CORAL GABLES, FL 33416	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Barry Stern 17 Weeks Ave Oyster Bay NY 11771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <i>Sherry McCann</i> President			3/12/08 561/835-8889		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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