2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State
04-11-2008 90064 025 ****61.25

DOCUMENT # 748870

1. Entity Name
MASTERS CONDOMINIUMS, INC.

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

03192008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
860 North S.R. 434	860 North S.R. 434
Suite, Apt. #, etc.: Suite 1009	Suite, Apt. #, etc.: Suite 1009
City & State: Altamonte Springs Fl	City & State: Altamonte Springs, Fl
Zip: 32714 Country: USA	Zip: 32714 Country: USA

4. FEI Number: 59-2000445 ☐ Applied For ☐ Not Applicable

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: Campbell, Marilyn
Street Address (P.O. Box Number is Not Acceptable): 860 North S.R. 434
Suite 1009
City: Altamonte Springs FL Zip Code: 32714

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: Marilyn Campbell 3/25/08
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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MACTAVISH, DON 6210 MASTERS BOULEVARD ORLANDO, FL 32819	☐ Delete	D Mactavish, Don 6210 masters Blvd Orlando Fl 32819	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RUDOLPH, LEE 6204 MASTERS BLVD ORLANDO, FL 32819	☐ Delete	T Fitzgibbons, Matthew 9035 Easterling Dr. Orlando, Fl 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IMBRUGLIA, ELAINE 8990 HOUSTON PLACE ORLANDO, FL 32819	☐ Delete	D Bolstad, Mildred 23 Carvers Green Chaska, MN 55318	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFF, ROBERT 210 KILBOURN RD. ROCHESTER, NY 14618	☐ Delete	D Clark, Brent Dr. 946 William Penn Ct. Pittsburgh, PA 15221	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHTER, PAT 34 FOREST DR. MECHANICSBURG, PA 17055	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTERS, JUDY 152 THIRD STREET PIKEVILLE, KY 41501	☒ Delete	P Walters, Jack 685 Hambley Blvd Pikeville, KY 41501	☐ 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: [signature] - Treasurer 4/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #