2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#748870

FILED Jan 30, 2009 Secretary of State

Entity Name: MASTERS CONDOMINIUMS, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:		
5516 COMMERCE DR., SUITE B100 ORLANDO, FL 32839			SUITE B100	5516 COMMERCE DR. SUITE B100 ORLANDO, FL 32839		
Current Mailing Address:			New Mailing	New Mailing Address:		
PO BOX 56 ORLANDO	68846 , FL 3285688	46				
FEI Number:	59-2000445	FEI Number Applied For ()	FEI Number Not Applic	able () Certificate of Statu	s Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and A	Address of New Registered A	\gent:	
P AND R HOUSING DEVELOPMENT 5516 COMMERCE DR., SUITE B100 ORLANDO, FL 32839 US			5516 COMM SUITE B100	P AND R HOUSING DEVELOPMENT 5516 COMMERCE DR. SUITE B100 ORLANDO, FL 32839 US		
	named entity s of Florida.	submits this statement for the pu	rpose of changing its	registered office or registered	agent, or both,	
SIGNATURE:				01/30/2009	9	
	Electron	ic Signature of Registered Agen	t	Date	_	
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () MACTAVISH, D 6210 MASTERS ORLANDO, FL	BOULEVARD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SD () RUDOLPH, LEE 6204 MASTERS ORLANDO, FL	S BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () IMBRUGLIA, EL 8990 HOUSTON ORLANDO, FL	N PLACE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () HOFF, ROBER 210 KILBOURN ROCHESTER, N	RD.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () RICHTER, PAT 34 FOREST DR MECHANICSBU		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	P () WALTERS, JAC 685 HAMBLEY PIKEVILLE, KY	BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK WALTERS P 01/30/2009