2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

DOCUMENT# 748870

Entity Name: MASTERS CONDOMINIUMS, INC.

Current Principal Place of Business:

5516 COMMERCE DR.
SUITE B100
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

PO BOX 568846
ORLANDO, FL 328568846

New Mailing Address:

FEI Number: 59-2000445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLTERS, PAMELA R
5516 COMMERCE DR.
SUITE B100
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: MACTAVISH, DON
Address: 6210 MASTERS BOULEVARD
City-St-Zip: ORLANDO, FL 32819

Title: SD
Name: RUDOLPH, LEONA
Address: 6204 MASTERS BLVD
City-St-Zip: ORLANDO, FL 32819

Title: PD
Name: IMBRUGLIA, RICHARD
Address: 8990 HOUSTON PLACE
City-St-Zip: ORLANDO, FL 32819

Title: D
Name: HOFF, ROBERT
Address: 210 KILBOURN RD.
City-St-Zip: ROCHESTER, NY 14618

Title: D
Name: RICHTER, PAT
Address: 34 FOREST DR.
City-St-Zip: MECHANICSBURG, PA 17055

Title: TD
Name: JOHNSON, MARK
Address: 6206 MASTERS BLVD.
City-St-Zip: ORLANDO, FL 32819

I hereby 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 all other like empowered.

SIGNATURE: RICHARD IMBRUGLIA PD 04/03/2012

Electronic Signature of Signing Officer or Director — Date

748870

Document Number	748870
Business Entity Name	Masters Condominiums, Inc.
FEI/EIN Number	592000445

Name and Address #7

Title	D
Name	BOLSTAD, MILDRED
Address	8986 Houston Place
City, State	ORLANDO, FL
Zip Code	32819

Name and Address #8

Title	D
Name	Fitzgibbon, Matthew
Address	6208 Masters Blvd
City, State	Orlando, FL
Zip Code	32819

Name and Address #9

Title	D
Name	WALTERS, JACK
Address	8988 Houston Place
City, State	Orlando, FL
Zip Code	32819