


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90017 019 \*\*\*\*61.25

|  |                      |  |  |   |  |
|--|----------------------|--|--|---|--|
| <b>DOCUMENT # 766987</b>   |                      |  |  |  |  |
| 1. Entity Name<br>CYRC MASTER ASSOCIATION, INC.  |                      |  |  |   |  |
| Principal Place of Business<br>9854 CALOOSA YACHT & RACQUET CLUB DR<br>FT. MYERS, FL 33919   |                      |  | Mailing Address<br>% BENSON'S, INC.<br>12650 WHITEHALL DRIVE<br>FORT MYERS, FL 33907 |   |  |
| 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  | 01232008 Chg-NP CR2E037 (12/06)   |  |
| 4. FEI Number<br>65-0018209  |                      |  |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                      |  |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent  |                      |  | 7. Name and Address of New Registered Agent  |   |  |
| VANDALL, BONITA D<br>12650 WHITEHALL DRIVE<br>FORT MYERS, FL 33907   |                      |  | Name   |   |  |
|  |                      |  | Street Address (P.O. Box Number is Not Acceptable)                                   |   |  |
|  |                      |  | City   |   |  |
|  |                      |  | FL Zip Code  |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                      |  |  |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>  |                      | 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  | D                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | SWANSON, CARROLL     |  | NAME   |   |  |
| STREET ADDRESS   | 9816 FATHOM CT       |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | FT. MYERS, FL 33919  |  | CITY-ST-ZIP  |   |  |
| TITLE  | TD                   | <input type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME   | BRADLEY, MARGUERITE  |  | NAME   | STD BRADLEY, MARGUERITE   |  |
| STREET ADDRESS   | 9920 CY&R CLUB DRIVE |  | STREET ADDRESS   | 9920 CY&R CLUB DRIVE  |  |
| CITY-ST-ZIP  | FORT MYERS, FL 33919 |  | CITY-ST-ZIP  | FORT MYERS, FL 33919  |  |
| TITLE  | PD                   | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | FRELING, MARTIN      |  | NAME   |   |  |
| STREET ADDRESS   | 9740 MAINSAIL CT     |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | FORT MYERS, FL 33919 |  | CITY-ST-ZIP  |   |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | GOLDING, MAXINE      |  | NAME   |   |  |
| STREET ADDRESS   | 12531 MARINA CLUB DR |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | FORT MYERS, FL 33919 |  | CITY-ST-ZIP  |   |  |
| TITLE  | VD                   | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | ORR, BARBARA         |  | NAME   |   |  |
| STREET ADDRESS   | 9595 HALYARDS CT #21 |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | FORT MYERS, FL 33919 |  | CITY-ST-ZIP  |   |  |
| TITLE  |                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                      |  | NAME   |   |  |
| STREET ADDRESS   |                      |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  |                      |  | CITY-ST-ZIP  |   |  |
| 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: _____   |                      |  | Date: 1/25/08  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                      |  | <small>Daytime Phone #</small>   |   |  |