

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90041 020 ****61.25

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03182008 Chg-NP CR2E037 (12/06)

DOCUMENT # N00000004055 1. Entity Name WILLOUGHBY FARMS MASTER ASSOCIATION, INC.						
Principal Place of Business ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461 US			Mailing Address ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461 US			
2. Principal Place of Business - No P.O. Box # CAPITAL REALTY ADVISORS, INC.		3. Mailing Address CAPITAL REALTY ADVISORS, INC.				
Suite, Apt. #, etc. 600 SANDTREE DRIVE, SUITE 109		Suite, Apt. #, etc. 600 SANDTREE DRIVE, SUITE 109				
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL				
Zip 33403	Country USA	Zip 33403	Country USA	4. FEI Number 65-1045906		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional - Fee Required				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name DONNA McDONALD Street Address (P.O. Box Number is Not Acceptable) CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DRIVE, SUITE 109 City PALM BEACH GARDENS FL Zip Code 33403			
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 <u>Donna McDonald</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3/4/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</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 RODRIGUEZ, MARILYN 4927 PINE MORE LANE LAKE WORTH, FL 33463		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4927 PINEMORE LANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURNS, ADAM 6284 WILLOUGHBY CIRCLE LAKE WORTH, FL 33463		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6284 WILLOUGHBY CIRCLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEYERS, BARBARA 4703 PINEMORE LANE LAKE WORTH, FL 33463		<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	TD ROBINSON, DAVE 6244 WILLOUGHBY CIRCLE LAKE WORTH, FL 33463		<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 SCOTT, RAY 6389 WILLOUGHBY CIRCLE LAKE WORTH, FL 33463		<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	<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: <u>Marilyn Rodriguez</u> <u>President</u> <u>4/09/08</u> <u>561-649-0772</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						