

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000008436

1. Entity Name  
NATURE COAST LANDINGS MASTER ASSOCIATION,  
INC.



Principal Place of Business  
10173 N SUNCOAST BLVD  
CRYSTAL RIVER, FL 34428

Mailing Address  
10173 N SUNCOAST BLVD  
CRYSTAL RIVER, FL 34428



03162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3687695

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

8. Name and Address of Current Registered Agent

EYSTER, JAMES  
10173 N SUNCOAST BLVD  
CRYSTAL RIVER, FL 34428

**DO NOT WRITE  
IN THIS SPACE**

9. 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

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, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPT  
EYSTER, JAMES P  
10173 N SUNCOAST BLVD  
CRYSTAL RIVER, FL 34428

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DVS  
ROBERTS, NATALIES  
10173 N SUNCOAST BLVD  
CRYSTAL RIVER, FL 34428

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WEST, CARLENE  
10173 N SUNCOAST BLVD  
CRYSTAL RIVER, FL 34428

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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04/17/06 00001-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: X James P. Eyster JAMES P. EYSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06 352-447-2299  
Date Daytime Phone #