SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29, 1999 8:00 am
Secretary of State
07-29-1999 90016 019 ****61.25

DOCUMENT # N00529

1. Corporation Name
EAST VILLAGE MASTER ASSOCIATION, INC.

598167 - 90016 - 19

Principal Place of Business	Mailing Address
3000 EAST VILLAGE DRIVE VENICE FL 34293	250 W. TAMPA AVENUE VENICE FL 34285

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/22/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2434033 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CALDWELL, ANNETTE K
KEYS-CALDWELL, INC.
250 W. TAMPA AVE.
VENICE FL 34285

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SLADE, RALPH		1.2 NAME		
STREET ADDRESS	3175 WILLOW SPRINGS CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		1.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	2.1 TITLE	VPD	☐ Change ☐ Addition
NAME	SWINDLER, GLEN		2.2 NAME	Beck, Vera	
STREET ADDRESS	3233 MEADOW RUN DR		2.3 STREET ADDRESS	1428 Quail Lake Dr.	
CITY-ST-ZIP	VENICE FL 34292		2.4 CITY-ST-ZIP	Venice, FL 34293	
TITLE	SD	☐ DELETE	3.1 TITLE	Vice President	☑ Change ☐ Addition
NAME	BECK, VERA		3.2 NAME		
STREET ADDRESS	1428 QUAIL LAKE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34292		3.4. CITY-ST-ZIP		
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	LAPIRA, PAUL		4. 2 NAME	Gene Martynack	
STREET ADDRESS	3215 MEADOW RUN DR		4.3 STREET ADDRESS	3255 Meadow Run Dr.	
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	Venice, FL 34293	
TITLE	D	☐ DELETE	5.1 TITLE	Assistant Secretary	☑ Change ☐ Addition
NAME	YERICH, BERNICE		5.2 NAME		
STREET ADDRESS	2202 EAST VILLAGE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MOLZAHN, CARYL		6.2 NAME		
STREET ADDRESS	3013 SEAWIND CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34293		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **SIGNATURE REQUIRED** G. Martynack 7/12/99 941 493.5891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)