FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90246 026 ****61.25

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DOCUMENT # N00774

1. Corporation Name

RESIDENTS ASSOCIATION OF MAS VERDE, INC.

* 538108 - 90246 - 26 *

Principal Place of Business	Mailing Address
C/O KENNETH FORREST 4 RACHAEL RD LAKE WORTH FL 33463 US	C/O KENNETH FORREST 4 RACHAEL RD LAKE WORTH FL 33463 US

2. Principal Place of Business	2a. Mailing Address
21 C/O JOANNE M. MARTIN	26 C/O JOANNE M. MARTIN
Suite, Apt. #, etc. 22 16 BRIDGETTE BLVD	Suite, Apt. #, etc. 27 16 BRIDGETTE BLVD
City & State 23 LAKE WORTH, FL	City & State 28 LAKE WORTH, FL.
Zip / Country 24 33463 25 USA	Zip / Country 29 33463 30 USA

3. Date Incorporated or Qualifed: 01/06/1984

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FORREST, KENNETH
4 RACHAEL RD
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name: JOANNE M. MARTIN
82 Street Address (P.O. Box Number is Not Acceptable): 16 BRIDGETTE BLVD
83
84 City: LAKE WORTH **FL** 85 Zip Code: 33463

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: JOANNE M. MARTIN — Joanne M Martin — April 16, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FORREST, KENNETH 4 RACHAEL RD LAKE WORTH FL 33463	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD JOANNE M. MARTIN 16 BRIDGETTE BLVD LAKE WORTH FL. 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROTZEIN, JACK 18 RICKS DR LAKE WORTH FL 33463	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ROTZEIN JACK 18 RICKS DR. LAKEWORTH FL. 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DRAKE, CECILE 16 RICKS DR LAKE WORTH FL 33463	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD MARY SIMON 29 SUSAN CIRCLE LAKE WORTH FL. 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WYMAN, WILLIAM 17 RICKS DR LAKE WORTH FL 33463	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D FRANK CHOOPS 11 RACHAEL RD LAKE WORTH FL. 33463	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MURPHY, JOE 33 LISA LANE LAKE WORTH FL 33463	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TD MIKE POLIZZI 9 RACHAEL RD LAKE WORTH FL, 33463	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEYER, VIVIAN 71 LISA LANE LAKE WORTH FL 33463	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D CECILE DRAKE 16 RICKS DR LAKE WORTH FL. 33463	☐ Change ☐ Addition

CR2E037 (11/98)

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: JOANNE M. MARTIN — Joanne M. Martin — 4/16/99 — 561-642-7269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED

538108-90246-26
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Additional Directors

D
VIVIAN BEYER
71 LISA LANE
LAKE WORTH, FL. 33463

D SETH BELLE FOUNTAINE
93 LISA LANE
LAKE WORTH, FL. 33463

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