


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State


04-06-2005 90105 025 ****61.25

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| DOCUMENT # N00774 |  |
| 1. Entity Name RESIDENTS ASSOCIATION OF MAS VERDE, INC. | |

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| Principal Place of Business %JOANNE M MARTIN 16 BRIDGETTE BLVD LAKE WORTH FL 33463 US | Mailing Address %JOANNE M MARTIN 16 BRIDGETTE BLVD LAKE WORTH FL 33463 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|-------------------------|-------------------------|
| City & State | City & State |
| Zip | Country |

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| 1st MOORE | CR2E037 (10/04) |
| 4. FEI Number NO-T APPLICABLE | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MARTIN, JOANNE M 16 BRIDGETTE BLVD LAKE WORTH FL 33463 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | <small>(NOTE: Registered Agent signature required when reinstating)</small> | <small>DATE</small> |
|---|---|---------------------|

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|--|--|---------------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 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 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MARTIN, JOANNE M 16 BRIDGETTE BLVD LAKE WORTH FL 33463 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FORREST, KENNETH 4 RACHAEL ROAD LAKE WORTH FL 33463 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHOOPS, FRANK 11 RACHAEL RD LAKE WORTH FL 33463 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MURRAY, SHIRLEY 15 BRIDGETTE BLVD LAKE WORTH FL 33463 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SODER, PHYLLIS 5 RACHAEL RD LAKE WORTH FL 33463 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROTZIEN, JACK 18 RICKS DRIVE LAKE WORTH FL 33463 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR ALIN BIERI 8 LISA LANE LAKE WORTH, FL. 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JAN ANDREWS DIRECTOR 69 LISA LANE LAKE WORTH, FL. 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR RICHARD FRESLEY 38 BRIDGETTE BLVD LAKE WORTH FL. 33463 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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 exemption stated in Section 119.07(3)(i), 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.

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| SIGNATURE: JOANNE M. MARTIN <i>Joanne M. Martin</i> 4/1/05 561-642-7269 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |