2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N00774

Entity Name: RESIDENTS ASSOCIATION OF MAS VERDE, INC.

Current Principal Place of Business:

%JOANNE M MARTIN
16 BRIDGETTE BLVD
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

%JOANNE M MARTIN
16 BRIDGETTE BLVD
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, JOANNE M
16 BRIDGETTE BLVD
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: ANDREWS, JAN
Address: 69 LISA LN
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: SOUDER, PHYLLIS
Address: 19 SUSAN CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: CHOOPS, FRANK
Address: 11 RACHAEL RD
City-St-Zip: LAKE WORTH, FL 33463

Title: T ( ) Delete
Name: MURRAY, SHIRLEY
Address: 17 RICKS DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: BIERI, ARLIN
Address: 8 LISA LN
City-St-Zip: LAKE WORTH, FL 33463

Title: VP ( ) Delete
Name: ROBERTS, RODNEY
Address: 28 RICKS DRIVE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BEYER, ELLIE
Address: 71 LISA LANE
City-St-Zip: LAKE WORTH, FL 33463

Title: D (X) Change ( ) Addition
Name: FORRREST, KEN
Address: 4 RACHAEL RD.
City-St-Zip: LAKE WORTH, FL 33463

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BIERI, ARLIN
Address: 8 LISA LN
City-St-Zip: LAKE WORTH, FL 33463

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE M. MARTIN P 01/06/2009
Electronic Signature of Signing Officer or Director — Date