


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90036 005 ****70.00

DOCUMENT # N0100006116
 1. Entity Name
VILLAGES MASTER ASSOCIATION, INC.



Principal Place of Business 13800 STATE RD. 535 ORLANDO, FL 32821	Mailing Address 13800 STATE RD. 535 ORLANDO, FL 32821
---	---

40010598



DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3741294	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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.

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

Filing Fee is \$61.25 Due by May 1, 2005


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	PTD THOMAS, THORP S 8800 VISTANA CENTRE DRIVE ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD POPE, JOEL 8800 VISTANA CENTRE DRIVE ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CLINTON, GLEN 8800 VISTANA CENTRE DRIVE ORLANDO, FL 32821
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: THORP S. THOMAS  407-903-4271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #