

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006116

FILED
May 02, 2006
Secretary of State

Entity Name: VILLAGES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

13800 STATE RD. 535
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

13800 STATE RD. 535
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 59-3741294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: PTD () Delete
Name: THOMAS, THORP S
Address: 8800 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: VPD () Delete
Name: POPE, JOEL
Address: 8800 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

Title: SD () Delete
Name: CLINTON, GLEN
Address: 8800 VISTANA CENTRE DRIVE
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: THOMAS, THORP S
Address: 9002 SAN MARCO CT
City-St-Zip: ORLANDO, FL 32819

Title: VPD (X) Change () Addition
Name: POPE, JOEL
Address: 9002 SAN MARCO CT
City-St-Zip: ORLANDO, FL 32819

Title: SD (X) Change () Addition
Name: CARTER, PAULETTE
Address: 9002 SAN MARCO CT
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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: THORP THOMAS

PTD

05/02/2006

Electronic Signature of Signing Officer or Director

_____ Date