2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N01000006116

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:

9002 SAN MARCO COURT
ORLANDO, FL 32819

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: MADONNA CUDDIHY

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: VPD ( ) Delete
Name: BILLUPS, REGINALD D
Address: 9002 SAN MARCO CT
City-St-Zip: ORLANDO, FL 32819

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: BILLUPS, REGINALD D
Address: 9002 SAN MARCO CT
City-St-Zip: ORLANDO, FL 32819

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

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: PAULETTE CARTER SB 03/24/2009

Electronic Signature of Signing Officer or Director — Date