


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90047 001 ****61.25

DOCUMENT # N01000008421	
1. Entity Name CALIENTE MASTER ASSOCIATION, INC.	

Principal Place of Business 21240 GRAN VICA BLVD LAND O LAKES, FL 34639	Mailing Address 21240 GRAN VICA BLVD LAND O LAKES, FL 34639
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40050200



2. Principal Place of Business % University Property Suite, Apt. #, etc. 7001 Temple Terrace Hwy City & State Temple Terrace FL Zip 33637 Country Hills	3. Mailing Address % University Property Suite, Apt. #, etc. 7001 Temple Terrace Hwy City & State Temple Terrace FL Zip 33637 Country Hills
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01112005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-1057926	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTER, CHUCK 21240 GRAN VICA BLVD LAND O LAKES, FL 34639	7. Name and Address of New Registered Agent Name: Ellen Hirsch de Haan, J.D. Street Address (P.O. Box Number is Not Acceptable) BECKER & POLIAKOFF, P.A. 2401 W. BAY DRIVE SUITE 414 City: LARGO FL Zip Code: 33770
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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.

SIGNATURE: Ellen Hirsch de Haan, J.D. DATE: 3/24/05

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

Filing 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALDWIN, WILLIAM PO BOX 1255 LAND O' LAKES, FL 34639 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD George Cooper 4532 W. Kennedy Blvd. #478 Tampa, FL 33609 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOSTER, CHARLES E PO BOX 1255 LAND O' LAKES, FL 34639 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Alan Lupka 6808 Dali Ave. #D-204 Land O' Lakes, FL 34637 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHULTZ, FRED 19235 HW 41 N. LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Carol L. VanDusen 21207 Calle Rosa Dr. Land O' Lakes, FL 34637 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Gerald Exstein 21125 Las Cabos Ct. Land O' Lakes, FL 34637 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Rilla 6801 Dali Ave #G-106 Land O' Lakes, FL 34637 <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.

SIGNATURE: Gerald Exstein 4/5/05 813-980-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #