

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 02, 2007
Secretary of State

DOCUMENT# N02000001546

Entity Name: MASTERS RESERVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4980 TAMIAMI TRL. N. #101
NAPLES, FL 34103**New Principal Place of Business:**BENT GRASS DRIVE
NAPLES, FL 34113**Current Mailing Address:**COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113**New Mailing Address:****FEI Number:** 59-3740488 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**STOCK COMMUNITY SERVICES, LLC
4980 TAMIAMI TRL. NORTH #101
NAPLES, FL 34103 US**Name and Address of New Registered Agent:**HART, STEPHEN P
4985 E. TAMIAMI TRAIL
NAPLES, FL 34113 US

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: STEPHEN P. HART

05/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: CAMPKIN, GERRY
Address: 6920 BENT GRASS DRIVE
City-St-Zip: NAPLES, FL 34113**Title:** D () Delete
Name: WALDMAN, IRVING
Address: 6935 AMEN CORNER CT.
City-St-Zip: NAPLES, FL 34113**Title:** VD () Delete
Name: KAPPAZ, EDWARD
Address: 6963 AMEN CORNER COURT
City-St-Zip: NAPLES, FL 34113**Title:** TD () Delete
Name: KUNZ, JANICE
Address: 6801 BENT GRASS DR
City-St-Zip: NAPLES, FL 34113**Title:** SD () Delete
Name: WILSON, KAY
Address: 6965 BENT GRASS DRIVE
City-St-Zip: NAPLES, FL 34113**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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: GERRY CAMPKIN

PD

05/02/2007

Electronic Signature of Signing Officer or Director

Date