## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000001546

FILED Apr 28, 2008 Secretary of State

Entity Name: MASTERS RESERVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** BENT GRASS DRIVE NAPLES, FL 34113 **Current Mailing Address: New Mailing Address:** COLLIER FINANCIAL, INC. 4985 TAMIAMI TRAIL E. NAPLES, FL 34113 FEI Number: 90-0145940 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, STEPHEN P 4985 É. TAMIAMI TRAIL NAPLES, FL 34113 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CAMPKIN, GERRY Name: Name: 6920 BENT GRASS DRIVE Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WALDMAN, IRVING Name: WALDMAN, IRVING Name: Address: 6935 AMEN CORNER CT. Address: 6935 AMEN CORNER CT. City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 Title: VD. () Delete Title: () Change () Addition KAPPAZ, EDWARD Name: Name: 6963 AMEN CORNER COURT Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: ( ) Delete Title: TD Title: (X) Change ( ) Addition Name: KUNZ, JANICE Name: THOMAS, SUSAN 6801 BENT GRASS DR 6794 BENT GRASS DR Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 Title: () Delete Title: (X) Change ( ) Addition WILSON, KAY BIRELLO, NICOLAS Name: Name: 6837 BENT GRASS DRIVE 6965 BENT GRASS DRIVE Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 Title: () Delete Title: ( ) Change (X) Addition VOS. ARTHUR Name: Name: Address: Address: 6762 BENT GRASS DRIVE NAPLES, FL 34113 City-St-Zip: 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 04/28/2008