2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N02000001546

Entity Name: MASTERS RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BENT GRASS DRIVE
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113

New Mailing Address:

FEI Number: 90-0145940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, STEPHEN P
4985 E. TAMIAMI TRAIL
NAPLES, FL 34113 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: PD ( ) Delete
Name: CAMPKIN, GERRY
Address: 6920 BENT GRASS DRIVE
City-St-Zip: NAPLES, FL 34113

Title: TD ( ) 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: S ( ) Delete
Name: THOMAS, SUSAN
Address: 6794 BENT GRASS DR
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete
Name: BIRELLO, NICOLAS
Address: 6837 BENT GRASS DRIVE
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete
Name: VOS, ARTHUR
Address: 6762 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:

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 04/15/2009

Electronic Signature of Signing Officer or Director — Date