


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90259 013 ****61.25

DOCUMENT # N02000008574			
1. Entity Name MONTECITO MASTER ASSOCIATION, INC.			
Principal Place of Business 777 YAMATO ROAD SUITE 510 BOCA RATON, FL 33431		Mailing Address 2859 PACES FERRY ROAD SUITE 1450 ATLANTA, GA 30339	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1930 COMMERCE LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE #1	
City & State		City & State Jupiter FL	
Zip	Country	Zip	Country
33458		33458	
4. FEI Number 57-1159748		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		7. Name and Address of New Registered Agent	
BRYANT, BRAD D 777 YAMATO ROAD SUITE 510 BOCA RATON, FL 33431		Name STEVE ENGLIS	
		Street Address (P.O. Box Number is Not Acceptable) 1930 COMMERCE LANE SUITE 1	
		SUITE 1	
		City JUPITER FL Zip Code 33458	
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: STEVE ENGLIS		DATE: 4/25/08	
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, 2008		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL RIO, OMAR	NAME	
STREET ADDRESS	777 YAMATO RD SUITE 958	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GASIOR, GREG	NAME	JOLENE STONE
STREET ADDRESS	777 YAMATO RD SUITE 510	STREET ADDRESS	777 YAMATO RD SUITE 510
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	ST <input type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLENE STONE	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Omara del Rio</i>		Date: 4-30-08 561 999-4008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	