2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000001206

TI FILED
Dec 22, 2008
Secretary of State

Entity Name: VALRICO POINTE MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

VALRICO POINTE MASTER ASSOCIATION, INC. 1038 CARRIAGE PARK DRIVE VALRICO, FL 33594 US

Current Mailing Address: New Mailing Address:

VALRICO POINTE MASTER ASSOCIATION, INC. P.O. BOX 398 VALRICO, FL 33595 US

FEI Number: 85-0485859 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:

LEONARD, EUGENE PRES 1038 CARRIAGE PARK DRIVE VALRICO, FL 33594 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 LEONARD, EUGENE
 Name:

 Address:
 1038 CARRIAGE PARK DRIVE
 Address:

 City-St-Zip:
 VALRICO, FL 33594 US
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 JARRETT, JOYCE
 Name:
 ZORRILLA, ERNESTO

 Address:
 2705 PARK MEADOW DRIVE
 Address:
 2716 ABBEY GROVE DRIVE

 City-St-Zip:
 VALRICO, FL 33594 US
 City-St-Zip:
 VALRICO, FL 33594 US

Title: STR () Delete Title: STR (X) Change () Addition

Name:PANTELIS, ARISTOTLEName:JARRETT, JOYCEAddress:1218 CARRIAGE PARK DRIVE.Address:2705 PARK MEADOW DRIVECity-St-Zip:VALRICO, FL 33594 USCity-St-Zip:VALRICO, FL 33594 US

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: JOYCE JARRETT STR 12/22/2008