

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/3

FILED
May 26, 2004 8:00 am
Secretary of State

04-30-2004 90289 005 ***61.25

DOCUMENT # N03000005372

1. Entity Name
ARTESIA MASTER ASSOCIATION, INC.



Principal Place of Business
**4400 WEST SAMPLE ROAD, SUITE 200
COCONUT CREEK, FL 33073-3450**

Mailing Address
**4400 WEST SAMPLE ROAD, SUITE 200
COCONUT CREEK, FL 33073-3450**

66424318



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004

Chg-NP

CR2E037 (10/03)

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MINTO COMMUNITIES, INC.
4400 WEST SAMPLE ROAD, SUITE 200
COCONUT CREEK, FL 33073-3450**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BEER, T.R.
4400 WEST SAMPLE ROAD, SUITE 200
COCONUT CREEK, FL 330733450** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CLEMENT, GARY
4400 WEST SAMPLE ROAD, SUITE 200
COCONUT CREEK, FL 330733450** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
RODGERS, FRANK
4400 WEST SAMPLE ROAD, SUITE 200
COCONUT CREEK, FL 330733450** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Frank Rodgers FRANK RODGERS

4/26/04

954-973-4490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #