## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005372

## FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90238 007 \*\*\*\*61.25

1. Entity Name ARTESIA MASTER ASSOCIATION, INC.												
4400 WEST SAMPLE ROAD, SUITE 200 4400			4400	ng Address O WEST SAMPLE ROAD, SUITE 200 ONUT CREEK, FL 33073-3450				14008745				
2. Principal Place of Business 3. Mai				iling Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				04262005 C	hg-NP	CR2E037 (10	/03)	
City & State			City	City & State				4. FEI Number	20-	2729739	_	olied For Applicable
Zip	Country				ntry		5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registere	d Agent		7. Name and Address of New Registered Agent Name						
MINTO ARTESIA, INC. ATTN: MICHAEL GREENBERG 4400 WEST SAMPLE ROAD, SUITE 200						Street Address (P.O. Box Number is Not Acceptable)						
COCONUT CREEK, FL 33073-3450					Ì							
					City	FL Zip Code						
	named entit ions of regist	y submits this statement for ered agent.	r the purp	ose of changing its r	registere	ed office or regi	istere	d agent, or both, in	the State of F	Torida. I am Iamilia	r with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if app	ficable (NOTE:	: Registered	d Agent signature req	quired w	vhen reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2005				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 DI	RECTORS		11.		ΑI	DDITIONS/CHANG	ES TO OFFIC	ERS AND DIRECT	ORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEER, T.R. 4400 WEST SAMPLE ROAD, SUITE 200 COCONUT CREEK, FL 330733450			☐ Delete							thange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLEMENT, GARY 4400 WEST SAMPLE ROAD, SUITE 200 COCONUT CREEK, FL 330733450			☐ Delete		l l					hange	Addition
NAME STREET ADDRESS CITY-ST-ZIP	4400 WE	S, FRANK ST SAMPLE ROAD, SU T CREEK, FL 330733		☐ Delete		l l					change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1	_				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		I					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		<b>I</b>					hange	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: DESCRIPTION FRANK RODGERS April 22, 2005 (954)973 - 4490

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytome Proce #