2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005372

Entity Name: ARTESIA MASTER ASSOCIATION, INC.

FILED Oct 01, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4400 WEST SAMPLE ROAD, SUITE 200 COCONUT CREEK, FL 330733450

Current Mailing Address: New Mailing Address:

4400 WEST SAMPLE ROAD, SUITE 200 COCONUT CREEK, FL 330733450

FEI Number: 20-2729739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POSIN, HARRY L 4400 W. SAMPLE RD., SUITE 200 COCONUT CREEK, FL 33073 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: HARRY POSIN

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 BEER, T.R.
 Name:

 Address:
 4400 WEST SAMPLE ROAD, SUITE 200
 Address:

Address: 4400 WEST SAMPLE ROAD, SUITE 200 Address:
City-St-Zip: COCONUT CREEK, FL 330733450 City-St-Zip:

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

Name: GUADAGNO, CORY Name: RODGERS, FRANK

Address: 4400 W. SAMPLE RD., SUITE 200 Address: 4400 W. SAMPLE RD., SUITE 200 City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073

 $\label{eq:title:title:DV} \textit{Title:} \qquad \textit{VD} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{DV} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$

Name: LONG, THOMAS Name: LONG, THOMAS

Address: 4400 W. SAMPLE RD., SUITE 200 Address: 4400 W. SAMPLE RD., SUITE 200 City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073

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: THOMAS LONG DV 10/01/2008