## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000005372

Entity Name: ARTESIA MASTER ASSOCIATION, INC.

FILED Feb 25, 2009 Secretary of State

| Current Principal Place of Business: New P | rincipal Place of Business: |
|--|-----------------------------|
|--|-----------------------------|

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 ( )

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

POSIN, HARRY L BEER, TF

4400 W. SAMPLE RD., SUITE 200
COCONUT CREEK, FL 33073 US
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: TR BEER 02/25/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: BEER, T.R. Name: BEER, T.R.

 Address:
 4400 WEST SAMPLE ROAD, SUITE 200
 Address:
 4400 WEST SAMPLE ROAD, SUITE 200

 City-St-Zip:
 COCONUT CREEK, FL 330733450
 City-St-Zip:
 COCONUT CREEK, FL 330733450

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

Name: RODGERS, FRANK Name: RODGERS, FRANK

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

Title: DV ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LONG, THOMAS
 Name:

 Address:
 4400 W. SAMPLE RD., SUITE 200
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:

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 C LONG DV 02/25/2009