2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90123 034 ****61.25

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1. Entity Name
CAROLINA LANDINGS MASTER ASSOCIATION, INC.

50029617

Principal Place of Business	Mailing Address
ONE SOUTH SCHOOL AVENUE SUITE 500 SARASOTA, FL 34237	ONE SOUTH SCHOOL AVENUE SUITE 500 SARASOTA, FL 34237

01072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
C/O AMI	C/O AMI
Suite, Apt. #, etc.: 9031 Town Center Pkwy	Suite, Apt. #, etc.: 9031 Town Center Pkwy.
City & State: Bradenton FL	City & State: Bradenton FL
Zip: 34202 Country: USA	Zip: 34202 Country: USA

4. FEI Number 20-0326974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANCILLA, JOSEPH, ESQ.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name: Advanced Management, Inc
Street Address (P.O. Box Number is Not Acceptable): 9031 Town Center Pkwy.
City: Bradenton FL Zip Code: 34202

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 _____ 3-11-05
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, 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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRADLEY, SCOTT D ONE SOUTH SCHOOL AVENUE #500 SARASOTA, FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GALLEHUE, RONDA L ONE SOUTH SCHOOL AVENUE #500 SARASOTA, FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BOCKOVER, KIMBERLY ONE SOUTH SCHOOL AVENUE #500 SARASOTA, FL 34237	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Lisa Bagwell One South School Ave. #500 Sarasota, FL 34237	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / 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: _____ President 2/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #