2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N04000005065

Entity Name: CIRCLE SQUARE RANCH MASTER ASSOCIATION, INC.

Current Principal Place of Business:

8447 SOUTHWEST 99TH STREET ROAD
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

8447 SOUTHWEST 99TH STREET ROAD
OCALA, FL 34481

New Mailing Address:

FEI Number: 14-1910806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEN, GERALD R ESQ.
C/O DEVITO & COLEN
7243 BRYAN DAIRY ROAD
LARGO, FL 33777 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete
Name: COLEN, KENNETH D
Address: 8447 SOUTHWEST 99TH STREET ROAD
City-St-Zip: OCALA, FL 34481

Title: VCPD ( ) Delete
Name: FARANDA, PHILIP
Address: 8447 SOUTHWEST 99TH STREET ROAD
City-St-Zip: OCALA, FL 34481

Title: D ( ) Delete
Name: WOOLBRIGHT, GUY
Address: 8447 SW 99TH ST RD
City-St-Zip: OCALA, FL 34481

Title: D ( ) Delete
Name: KEEVER, BARBARA
Address: 8447 SW 99TH ST RD
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: KENNETH D. COLEN DIR 02/25/2009

Electronic Signature of Signing Officer or Director — Date