2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

7/21/2005-90065-001-$183.75-$61.25

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
660249 20

DOCUMENT # N04000009427

1. Entity Name
THE VILLAGES OF OVERSTREET MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
105 EAST ROBINSON STREET SUITE 312 ORLANDO, FL 32801	105 EAST ROBINSON STREET SUITE 312 ORLANDO, FL 32801

06172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3799753 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, DAN 105 EAST ROBINSON STREET SUITE 312 ORLANDO, FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) 111 N. Orange Ave, Ste 1040 City Orlando FL Zip Code 32801

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 _____ 6/17/05
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 September 7, 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition PD Pat Coomer 775 S. Kirkman Rd, Ste 117 Orlando, FL 32811
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition VP, D Candice H. Hawks 111 N. Orange Avenue, Ste 1040 Orlando, FL 32811
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Sec, Treas Mike Levak 11315 Corporate Blvd, Ste 250 Orlando, FL 32817
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: Candice H. Hawks Candice H. Hawks, VP 6/16/05 (407) 872-1697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #