

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90032 022 ****61.25

DOCUMENT # N04000009427 1. Entity Name THE VILLAGES OF OVERSTREET MASTER ASSOCIATION, INC.					
Principal Place of Business 105 EAST ROBINSON STREET SUITE 312 ORLANDO, FL 32801			Mailing Address 105 EAST ROBINSON STREET SUITE 312 ORLANDO, FL 32801		
2. Principal Place of Business 111 N. Orange Avenue Suite, Apt. #, etc. Suite 1040 City & State Orlando, FL Zip 32801 Country USA		3. Mailing Address 111 N. Orange Avenue Suite, Apt. #, etc. Suite 1040 City & State Orlando, FL Zip 32801 Country USA		 02222006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3799753			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBERTS, DAN 111 N. ORANGE AVE., SUITE 1040 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Candice Hawks Street Address (P.O. Box Number is Not Acceptable) 111 N. Orange Ave. Suite 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 2/22/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 COOMER, PAT 775 S. KIRKMAN RD., SUITE 117 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pat Coomer 8529 South Park Circle Ste. 190 Orlando, FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAWKS, CANDICE H 111 N. ORANGE AVE., SUITE 1040 ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEVAK, MIKE 11315 CORPORATE BLVD., SUITE 250 ORLANDO, FL 32817	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Rollic Gonzalez 11315 Corporate Blvd. Ste. 250 Orlando, FL 32817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/22/06 407 872-1692 <small>Date Daytime Phone #</small>		