
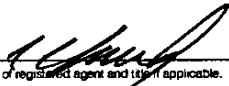



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90159 034 ****61.25

DOCUMENT # N04000011421			
1. Entity Name AVILA AT PALENCIA MASTER ASSOCIATION, INC.			
Principal Place of Business 600 CORPORATE DR., STE. 102 FT. LAUDERDALE, FL 33334		Mailing Address 600 CORPORATE DR., STE. 102 FT. LAUDERDALE, FL 33334	
2. Principal Place of Business 4380 U.S. Hwy #1 Suite, Apt. #, etc.		3. Mailing Address 4380 U.S. Hwy #1 Suite, Apt. #, etc.	
City & State VERO BEACH FL		City & State VERO BEACH FL	
Zip 32967	Country USA	Zip 32958	Country USA
4. FEI Number 20-2000270		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 HASTINGS, CHERYL L ESQ. PELICAN BAY CORPORATE CENTRE 5551 RIDGEWOOD DR, STE. 501 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name: SPEECHLY, JR, CLIFFORD S. Street Address (P.O. Box Number is Not Acceptable): 4380 U.S. Hwy #1 City: VERO BEACH FL Zip Code: 32967	
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: 		Clifford S. Speechly, Jr., Mgr. 4/22/06 (NOTE: Registered Agent signature required when re-registering) DATE	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAN JOSE, TIRSO 600 CORPORATE DR., STE. 102 FT. LAUDERDALE, FL 33334 <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	D ZITZMANN, MICHAEL 600 CORPORATE DR., STE. 102 FT. LAUDERDALE, FL 33334 <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	D VALDIVIA, ALBERT 600 CORPORATE DR., STE. 102 FT. LAUDERDALE, FL 33334 <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	M SPEECHLY JR, CLIFFORD S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4380 U.S. Hwy #2 VERO BEACH FL 32967
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: 		Clifford S. Speechly, Jr. 772-564-7440 Date Daytime Phone #	