

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011421

FILED
Apr 26, 2009
Secretary of State

Entity Name: AVILA AT PALENCIA MASTER ASSOCIATION, INC.

Current Principal Place of Business:

5955 T.G. LEE BLVD
STE 300
ORLANDO, FL 328224457

New Principal Place of Business:

115 CALLE EL JARDIN
ST AUGUSTINE, FL 32095

Current Mailing Address:

5955 T.G. LEE BLVD
STE 300
ORLANDO, FL 328224457

New Mailing Address:

1960 U S 1 SOUTH
PMB 57
ST AUGUSTINE, FL 32086

FEI Number: 20-2000270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
5955 T.G. LEE BLVD
STE 300
ORLANDO, FL 328224457 US

Name and Address of New Registered Agent:

AVILA COMMUNITY PROPERTY MANAGEMENT, LLC
1960 U S 1 SOUTH
ST AUGUSTINE, FL 32086 US

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: CAROLE SMARSLOK, LCAM

04/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: EMERY, JAMES W
Address: 145 N. MCCALL COVE
City-St-Zip: COLLIERVILLE, TN 38017

Title: VP () Delete
Name: TWIGG, JAMES A SR.
Address: 200 PASEO TERRAZA #201
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: S () Delete
Name: BEAMER, ADAM G
Address: 400 LA TRAVESIA FLORA # 202
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KESSLER, GORDON P
Address: 1960 U S 1 SOUTH PMB 57
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VP/S (X) Change () Addition
Name: HILTON, CINDY VP/S
Address: 1960 U S 1 SOUTH PMB 57
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: T (X) Change () Addition
Name: BEAMER, ADAM G T
Address: 1960 U S 1 SOUTH PMB 57
City-St-Zip: ST. AUGUSTINE, FL 32086

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: CAROLE SMARSLOK

LCAM

04/26/2009

Electronic Signature of Signing Officer or Director

Date