


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90094 001 ***183.75

DOCUMENT # N04385		
1. Entity Name ROCKWOOD VILLAS MASTER ASSOCIATION, INC.		

Principal Place of Business 900 SW 62ND BLVD. L-500 GAINESVILLE, FL 32607	Mailing Address 900 SW 62ND BLVD. L-500 GAINESVILLE, FL 32607
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

66010545



03172006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2645366	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POLLARD, FRANCES C 900 SW 62ND BLVD #500 GAINESVILLE, FL 32607		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____
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 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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MERRILL, CLAUDE J			NAME	DAVIS, JONATHON		
STREET ADDRESS	900 SW 62 ND BLVD G-38			STREET ADDRESS	819 SW 5TH TERR.		
CITY-ST-ZIP	GAINESVILLE, FL 32607			CITY-ST-ZIP	GAINESVILLE, FL 32607		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WYLES, STEPHANIE			NAME	COX, CASEY		
STREET ADDRESS	941 SW 58TH TERR			STREET ADDRESS	900 SW 62nd Blvd. #I-52		
CITY-ST-ZIP	GAINESVILLE, FL 32607			CITY-ST-ZIP	GAINESVILLE, FL 32607		
TITLE	ST	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADDISON, BETTY			NAME			
STREET ADDRESS	900 SW 62ND BLVD, #A-1			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32607			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRANDRIFF, BART			NAME			
STREET ADDRESS	834 SW 58TH TERR.			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32607			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUTLER, ROBERT			NAME	RUSSELL, DON		
STREET ADDRESS	5709 SW 10TH PL			STREET ADDRESS	922 SW 5TH TERR.		
CITY-ST-ZIP	GAINESVILLE, FL 32607			CITY-ST-ZIP	GAINESVILLE, FL 32607		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SYKES, ANNEMARIE			NAME	ASTENGO, HANK		
STREET ADDRESS	5530 SW 8TH PLACE			STREET ADDRESS	5715 SW 10th PL.		
CITY-ST-ZIP	GAINESVILLE, FL 32607			CITY-ST-ZIP	GAINESVILLE, FL 32607		

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:  3-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #