## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04385

Address:

City-St-Zip:

FILED Mar 26, 2009 Secretary of State

Entity Name: ROCKWOOD VILLAS MASTER ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 900 SW 62ND BLVD. L-500 900 SW 62ND BLVD. #500 GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 **Current Mailing Address: New Mailing Address:** 900 SW 62ND BLVD. L-500 900 SW 62ND BLVD. #500 GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 FEI Number: 59-2645366 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POLLARD, FRANCES C 900 SW 62ND BLVD #500 GAINESVILLE, FL 32607 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition COX, CASEY LUETJEN, LINDA Name: Name: 900 SW 62ND BLVD #I-52 Address: 8510 SW 7TH PL Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607 Title: Title: (X) Change ( ) Addition ( ) Delete ADDISON, BETTY Name: ADDISON, BETTY Name: Address: 900 SW 62ND BLVD, #A-1 Address: 900 SW 62ND BLVD. #A-1 City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607 Title: () Delete Title: (X) Change ( ) Addition BRANDRIFF, BART BRANDRIFF, BART Name: Name: 834 SW 58TH TERR. Address: Address: 834 SW 58TH TERR. City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607 Title: ( ) Delete Title: (X) Change ( ) Addition HOCHMUTH, MARILYN N Name: Name: HOCHMUTH, MARILYN N Address: 942 SW 56H TERRACE Address: 942 SW 56H TERRACE City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607 Title: () Delete Title: ( ) Change (X) Addition HERRERA, ERNESTO Name: Name: 5855 SW 8TH PL

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.

Address:

City-St-Zip:

GAINESVILLE, FL 32607

SIGNATURE: BART BRANDRIFF Ρ 03/26/2009