

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90193 035 ****61.25

DOCUMENT # N05000005058 1. Entity Name VILLARIVA MASTER ASSOCIATION, INC.			
Principal Place of Business 5000 SAWGRASS VILLAGE CIRCLE SUITE ON E PONTE VEDRA BEACH, FL 32082		Mailing Address 5000 SAWGRASS VILLAGE CIRCLE SUITE ON E PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business - No P.O. Box # 2358 Riverside Ave		3. Mailing Address PO Box 60816	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Jacksonville, FL		City & State Jacksonville, Florida	
Zip 32204		Zip 32236-0816	
Country 		Country 	
4. FEI Number 65-1248173		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 MAY MANAGE, ENT 5955 US HWY AIA S SAINT AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name Frances T.A. Hallihan Street Address (P.O. Box Number is Not Acceptable) 2358 Riverside Ave #505 City Jacksonville , FL Zip Code 32204	
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 <i>Frances T.A. Hallihan</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 4/15/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	D WEBER, BRYAN L <input checked="" type="checkbox"/> Delete 5000 SAWGRASS VILLAGE CIRCLE STE ONE PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Beth McCague 2358 Riverside Ave, #505 Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete MCCORUE, BETH 2358 RIVERSIDE AVE. #506 JACKSONVILLE, FL 32204	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ronald E White 2364 Riverside Ave Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete WILSON, HEATHER 5000 SAWGRASS VILLAGE CIRCLE STE ONE PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Linda Kane 2358 Riverside Ave # Jacksonville, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Frances T.A. Hallihan 2358 Riverside Ave #505 Jacksonville, FL 32204
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: <i>Frances T.A. Hallihan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/15/07 <small>Date</small>	
<small>Daytime Phone #</small>			

40068360



ATTACHMENT

40068366

VillaRiva Condo/Master Association

PO Box 60816

Jacksonville, Florida 32236-0816

Phone: 904-381-0969

N05000005058

VillaRiva Master Association, Inc

New Registered Agent: Frances T.H. Hallihan
2358 Riverside Ave, #505
Jacksonville, Fl 32204

New Officers/Directors

PD
Beth McCague
2358 Riverside Ave, #506
Jacksonville, Fl 32204

VD
Ronald E. White
2364 Riverside Ave
Jacksonville, Fl 32204

SD
Linda Kane
2358 Riverside Ave, #202
Jacksonville, Fl 32204

TD
Frances T H Hallihan
2358 Riverside Ave, #505
Jacksonville, Fl 32204