2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000005058

1. Entity Name
VILLARIVA MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2358 RIVERSIDE AVE JACKSONVILLE, FL 32204	PO BOX 60816 JACKSONVILLE, FL 32236

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

03072008   Chg-NP   CR2E037 (12/06)

4. FEI Number **65-1248173** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HALLIHAN, FRANCES 2358 RIVERSIDE AVE #505 JACKSONVILLE, FL 32204	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, 2008**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$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 VD NAME WHITE, ROBALD E STREET ADDRESS 2364 RIVERSIDE AVE CITY-ST-ZIP JACKSONVILLE, FL 32204	☐ Delete	TITLE P D NAME Russell Newton, JR STREET ADDRESS 2358 Riverside Ave, # 1001 CITY-ST-ZIP J4x, Fl 32204	☐ Change ☒ Addition
TITLE PD NAME MCCORUE, BETH STREET ADDRESS 2358 RIVERSIDE AVE. #506 CITY-ST-ZIP JACKSONVILLE, FL 32204	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME KANE, LINDA STREET ADDRESS 2358 RIVERSIDE AVE CITY-ST-ZIP JACKSONVILLE, FL 32204	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TD NAME HALLIHAN, FRANCES T STREET ADDRESS 2358 RIVERSIDE AVE #505 CITY-ST-ZIP JACKSONVILLE, FL 32204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _Frances J N Hallihay_   3/7/08   703-626-2507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #