

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005058

FILED
Mar 02, 2009
Secretary of State

Entity Name: VILLARIVA MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2358 RIVERSIDE AVE
JACKSONVILLE, FL 32204

New Principal Place of Business:

2358 RIVERSIDE AVE
JACKSONVILLE, FL 32204 US

Current Mailing Address:

PO BOX 60816
JACKSONVILLE, FL 32236

New Mailing Address:

PO BOX 60816
JACKSONVILLE, FL 32236 US

FEI Number: 65-1248173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLIHAN, FRANCES
2358 RIVERSIDE AVE #505
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: WHITE, ROBALD E
Address: 2364 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204

Title: TD () Delete
Name: HALLIHAN, FRANCES T
Address: 2358 RIVERSIDE AVE #505
City-St-Zip: JACKSONVILLE, FL 32204

Title: PD () Delete
Name: RUSSELL, NEWTON JR
Address: 2359 RIVERSIDE AVE, #1001
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ABERNATHY, CHIP
Address: 2370 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: TD (X) Change () Addition
Name: GREENE, AUDREY
Address: 2358 RIVERSIDE AVE #302
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: PD (X) Change () Addition
Name: HALLIHAN, FRANCES T
Address: 2358 RIVERSIDE AVE #505
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: SD () Change (X) Addition
Name: VOLPE, TIMOTHY
Address: 2358 RIVERSIDE AVE, #206
City-St-Zip: JACKSONVILLE, FL 32204 US

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: FRANCES T. HALLIHAN

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date