2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 SEP 26 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000007044

1. Entity Name
VISCONTI MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12791 W. FOREST HILL BLVD., STE. 5B WELLINGTON, FL 33414	12791 W. FOREST HILL BLVD., STE. 5B WELLINGTON, FL 33414

07312008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 20-3292958 ☐ 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
GAZIANO, BARBARA 12791 W. FOREST HILL BLVD., STE. 5B WELLINGTON, FL 33414	Name: Richard Giles Street Address (P.O. Box Number is Not Acceptable): 12791 W. Forest Hill Blvd, Suite 5B City: Wellington FL Zip Code: 33414

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 _____ 9/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GILES, RICK 12785 W. FOREST HILL BLVD., STE. 1307 WELLINGTON, FL 33414	☐ Delete	President/ Director/ Secretary/ Treasurer Richard Giles 12785 W. Forest Hill Blvd, Suite 1307 Wellington, Florida 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GAZIANO, BARBARA 12791 W. FOREST HILL BLVD., STE. 5B WELLINGTON, FL 33414	☒ Delete	900136465019 09/30/08--01009--009 **122.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRAUB, HEATHER 12791 W FOREST HILL BLVD 5B WELLINGTON, FL 33414	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Director Isabelle Mattioli c/o Bainbridge Companies 12765 W. Forest Hill Blvd, Suite 1307 Wellington Florida 33414	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Director Mariana Reyes 1440 Lake Shadow Circle #8201 Maitland, Florida 32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 9/13/08 561 933-3669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #