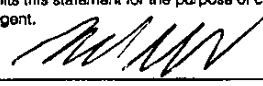
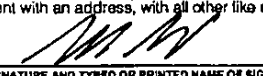


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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 12791 W. FOREST HILL BLVD., STE. 5B WELLINGTON, FL 33414			Mailing Address 12791 W. FOREST HILL BLVD., STE. 5B WELLINGTON, FL 33414		
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  DATE 9/16/08					
(NOTE: Registered Agent signature required when reinstating)					
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/ Director/Secretary/Treasurer Richard Giles 12705 W. Forest Hill Blvd, Suite 1307 Wellington, Florida 33414 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GAZIANO, BARBARA 12781 W. FOREST HILL BLVD., STE. 5B WELLINGTON, FL 33414 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900136465019 09/30/08--01009--009 **122.50 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUB, HEATHER 12781 W FOREST HILL BLVD 5B WELLINGTON, FL 33414 ☒ 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	Director Isabella Mattioli c/o Bainbridge Companies 12705 W. Forest Hill Blvd, Suite 1307 Wellington Florida 33414 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Auriana Reyes 1440 Lake Shadow Circle #8201 Maitland, Florida 32751 ☐ 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:  DATE 9/13/08 561933-3669					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					