

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011580

FILED
Feb 24, 2009
Secretary of State

Entity Name: DOUGLAS WINTER PARK MASTER ASSOCIATION, INC.

Current Principal Place of Business:

101 S. NEW YORK AVE
SUITE 210
WINTER PARK, FL 32789 US

Current Mailing Address:

101 S. NEW YORK AVE
SUITE 210
WINTER PARK, FL 32789 US

New Principal Place of Business:

PREMIER PROPERTY MANAGEMENT CFL
735 PRIMERA BLVD., SUITE 110
LAKE MARY, FL 32746 US

New Mailing Address:

PREMIER PROPERTY MANAGEMENT CFL
735 PRIMERA BLVD., SUITE 110
LAKE MARY, FL 32746 US

FEI Number: 26-1750624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOEKSEMA, DOUGLAS A
101 S. NEW YORK AVE
SUITE 210
WINTER PARK, FL 32789 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: DP () Delete
Name: HOEKSEMA, DOUGLAS A
Address: 101 S. NEW YORK AVE #210
City-St-Zip: WINTER PARK, FL 32789 US

Title: DV () Delete
Name: HOEKSEMA, ALAN J
Address: 101 S. NEW YORK AVE #210
City-St-Zip: WINTER PARK, FL 32789 US

Title: DST () Delete
Name: KLUSMEIER, DONALD A
Address: 101 S. NEW YORK AVE #210
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS A. HOEKSEMA

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02/24/2009

Electronic Signature of Signing Officer or Director

Date