

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012570

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** LAKE BUENA VISTA RESORT VILLAGE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

15591 APOPKA VINELAND RD.  
ORLANDO, FL 32821

**New Principal Place of Business:**

**Current Mailing Address:**

15591 APOPKA VINELAND RD.  
ORLANDO, FL 32821

**New Mailing Address:**

**FEI Number:** 20-3971710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SKY RESORT MANAGEMENT  
7011 GRAND NATIONAL DRIVE  
SUITE 104  
ORLANDO, FL 32821 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: PD ( ) Delete  
Name: COHEN, LARRY S  
Address: 15591 APOPKA VINELAND RD.  
City-St-Zip: ORLANDO, FL 32821

Title: VD ( ) Delete  
Name: SUTTON, ROBERT  
Address: 6462 CENTRAL AVE.  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: STD ( ) Delete  
Name: SUTTON, SAMUEL  
Address: 1725 UNIVERSITY DR., SUITE 450  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DIR ( ) Delete  
Name: BROADLEY, LENORE  
Address: 8112 POINCIANA BLVD  
City-St-Zip: ORLANDO, FL 32826

Title: MGR ( ) Delete  
Name: GORDON, JOHN  
Address: 7011 GRAND NATIONAL DRIVE, SUITE 104  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COHEN, LARRY S  
Address: 15591 APOPKA VINELAND RD.  
City-St-Zip: ORLANDO, FL 32821

Title: VP (X) Change ( ) Addition  
Name: SUTTON, ROBERT  
Address: 6462 CENTRAL AVE.  
City-St-Zip: ST. PETERSBURG, FL 33707

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: JOHN GORDON

MGR

04/29/2009

Electronic Signature of Signing Officer or Director

Date