


**FILED**  
**Aug 22, 2007 8:00 am**  
**Secretary of State**

08-03-2007 90020 011 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT (AR)**

<b>DOCUMENT # N06000011199</b> 1. Entity Name: <b>MATERA CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>10471 SIX MILE CYPRESS PARKWAY          SUITE 2          FORT MYERS FL 33912</b>	Mailing Address <b>10471 SIX MILE CYPRESS PARKWAY          SUITE 2          FORT MYERS FL 33912</b>
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66021274



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

2nd MOORE CR2E037 (4/07)

<b>6. Name and Address of Current Registered Agent</b>  <b>SHIELDS, CHRISTOPHER J          1833 HENDRY STREET          FORT MYERS FL 33901</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number: <b>20 - 5783499</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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 \_\_\_\_\_

Signature: Type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

**FILE NOW: FEE IS \$61.25**  
**Due By September 5, 2007**

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	
TITLE: PD NAME: DEBITERRO, JOHN <input type="checkbox"/> Delete STREET ADDRESS: 10471 SIX MILE CYPRESS PARKWAY CITY- ST- ZIP: FORT MYERS FL 33912	
TITLE: VD NAME: READER, JIM <input type="checkbox"/> Delete STREET ADDRESS: 10471 SIX MILE CYPRESS PARKWAY CITY- ST- ZIP: FORT MYERS FL 33912	
TITLE: STD NAME: CORBIN, DELINDA A <input type="checkbox"/> Delete STREET ADDRESS: 10471 SIX MILE CYPRESS PARKWAY CITY- ST- ZIP: FORT MYERS FL 33912	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>ASM Mark Rudland</b> STREET ADDRESS: <b>12734 Kenwood Lane, ste 49</b> CITY- ST- ZIP: <b>Ft Myers, FL 33907</b>	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY- ST- ZIP: _____	

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: Mark Rudland **MARK RUDLAND** 7/23/07 939-2999  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Phone #