2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N06000012295

Entity Name: TUCKER OAKS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

5850 T.G. LEE BLVD
SUITE 600
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5850 T.G. LEE BLVD
SUITE 600
ORLANDO, FL 32822

New Mailing Address:

FEI Number: 20-8708950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DR HORTON, INC.
5850 T.G LEE BLVD
SUITE 600
ORLANDO, FL 32822 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: CFO ( ) Delete
Name: WILSON, CHRIS
Address: 5850 T. G. LEE BOULEVARD, SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: VP ( ) Delete
Name: LAWSON, ROBERT
Address: 5850 T. G. LEE BOULEVARD, SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: LAA ( ) Delete
Name: MURPHY, BRANDY S
Address: 5850 T. G. LEE BOULEVARD, SUITE 600
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SM (X) Change ( ) Addition
Name: HILL, JOHNNY
Address: 5850 T. G. LEE BOULEVARD, SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: LD (X) Change ( ) Addition
Name: INGHRAM, GREG
Address: 5850 T. G. LEE BOULEVARD, SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: OM (X) Change ( ) Addition
Name: LAWSON, ROB
Address: 5850 T. G. LEE BOULEVARD, SUITE 600
City-St-Zip: ORLANDO, FL 32822

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: CHRISTINA MAHON, ASSISTANT SECRETARY AS 04/28/2009

Electronic Signature of Signing Officer or Director — Date