2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 20, 2009
Secretary of State

DOCUMENT# N13457

Entity Name: METROWEST MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

8103 PARK CENTER DRIVE
215
ORLANDO, FL 32835

Current Mailing Address:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

8103 PARK CENTER DRIVE
215
ORLANDO, FL 32835

FEI Number: 59-2653827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOMINGUEZ, FERNANDO L LCAM
385 DOUGLAS AVENUE
3000
ALTAMONTE SPRINGS, FL 32714 US

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: FERNANDO L DOMINGUEZ 07/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AZZOUZ, KEVIN
Address: 7065 WESTPOINTE BLVD #319
City-St-Zip: ORLANDO, FL 32835 US

Title: TD ( ) Delete
Name: HOLLIS, JEREMY
Address: 3280 SOHO ST #308
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: LEVENE, CAROLE
Address: 7649 MT CARMEL DR
City-St-Zip: ORLANDO, FL 32835

Title: VPD ( ) Delete
Name: ALTIER, JODY
Address: 2507 ROAT DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: D ( ) Delete
Name: D'UVA, STINA
Address: 6710 FAIRWAY COVE DR
City-St-Zip: ORLANDO, FL 32835

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:

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: JEREMY HOLLIS TD 07/20/2009
Electronic Signature of Signing Officer or Director Date