

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13457

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** METROWEST MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

1803 PARK CENTER DRIVE  
215  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

1803 PARK CENTER DRIVE  
215  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 59-2653827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOMINGUEZ, FERNANDO L LCAM  
385 DOUGLAS AVENUE  
3000  
ALTAMONTE SPRINGS, FL 32714 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: PTD  
Name: HOLLIS, JEREMY  
Address: 7670 DEBEAUBIEN DRIVE  
City-St-Zip: ORLANDO, FL 32835 US

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

Title: SD  
Name: SHAKARIAN, CARL  
Address: 4737 N OCEAN DRIVE, SUITE 187  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D  
Name: COTTRELL, PATRICK  
Address: 6996 PIAZZA GRANDE AVENUE  
City-St-Zip: ORLANDO, FL 32835 US

Title: D  
Name: PLUMADORE, JIM  
Address: 2349 LAKE DEBRA DRIVE, #612  
City-St-Zip: ORLANDO, FL 32835

I hereby 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 all other like empowered.

SIGNATURE: JEREMY HOLLIS

PTD

02/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date