2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# N23357

Entity Name: BEACON WOODS EAST MASTER ASSOCIATION, INC.

Current Principal Place of Business:

8700 PAVILION DR.
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

8700 PAVILION DR.
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-2928693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAY SHAPIRO & ASSOCIATES
1950 N. COMMERCE PARKWAY
STE. 5
WESTON, FL 33326 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: C
Name: VIDA, MARK
Address: 8700 PAVILION DRIVE
City-St-Zip: HUDSON, FL 34667

Title: VC
Name: POPPELREITER, CHARLES
Address: 8700 PAVILION DRIVE
City-St-Zip: HUDSON, FL 34667

Title: P
Name: BOLENDER, LORETTA
Address: 8700 PAVILION DR
City-St-Zip: HUDSON, FL 34667

Title: T
Name: STEAD, WILLIAM
Address: 8700 PAVILION DRIVE
City-St-Zip: HUDSON, FL 34667

Title: D
Name: THOMPSON, THOMAS
Address: 8700 PAVILION DRIVE
City-St-Zip: HUDSON, FL 34667

Title: S
Name: WILHELM, ROBERT
Address: 8700 PAVILION DRIVE
City-St-Zip: HUDSON, FL 34667

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: MARK VIDA C 04/20/2011

Electronic Signature of Signing Officer or Director — Date