## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N25056

Jan 21, 2009 Secretary of State

Entity Name: LOVELAND MASTER ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3310 LOVELAND BLVD. PORT CHARLOTTE, FL 33980 **Current Mailing Address: New Mailing Address:** 3310 LOVELAND BLVD. PORT CHARLOTTE, FL 33980 FEI Number: 65-0208828 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: ADESSO, FRANK J 3310 LOVELAND BLVD PORT CHARLOTTE, FL 33980 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ADESSO, FRANK Name: Name: 3310 LOVELAND BLVD., #406 Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: Title: Title: PRE () Delete (X) Change ( ) Addition Name: DICHIO, VERA Name: DICHIO, VERA Address: 3310 LOVELAND BLVD #2108 Address: 3310 LOVELAND BLVD #2108 City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: PORT CHARLOTTE, FL 33980 Title: PD(X) Delete Title: () Change () Addition GASPAR, ROGER Name: Name: 3300 LOVELAND BOULEVARD #2703 Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: Title: () Delete Title: SEC (X) Change ( ) Addition Name: JERROM, SHEILA Name: JERROM, SHEILA 3300 LOVELAND BOULEVARD #1501 3300 LOVELAND BOULEVARD #1501 Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33980 City-St-Zip: PORT CHARLOTTE, FL 33980 Title: MGR () Delete Title: () Change () Addition PRICE, SHANNON Name: Name: 3310 LOVELAND BLVD Address: Address: PORT CHARLOTTE, FL 33980 City-St-Zip: 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: FRANK J. ADESSO **TREA** 01/21/2009