

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27025

FILED
Feb 23, 2011
Secretary of State

Entity Name: CALA HILLS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O 2801 SW COLLEGE RD
UNIT 18
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

PO BOX 5130
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-2940780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, DEBRA
2801 SW COLLEGE RD
UNIT 18
OCALA, FL 34474 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: P
Name: SHARON, GLASSMAN
Address: 2801 SW COLLEGE RD UNIT 18
City-St-Zip: Ocala, FL 34474

Title: V
Name: HUDDLESTON, GARY L
Address: 2708 SW 18 AVE
City-St-Zip: Ocala, FL 34471

Title: S
Name: GREENE, SUE
Address: PO BOX 1956
City-St-Zip: Ocala, FL 34478

Title: T
Name: TATE, KEN
Address: 2401 SW 20 TERR
City-St-Zip: Ocala, FL 34471

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: SHARON GLASSMAN

PRES

02/23/2011

Electronic Signature of Signing Officer or Director

Date