

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90186 012 *****61.25

DOCUMENT # N29156

1. Entity Name
THE MASTER'S CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**P O BOX 320904
COCOA, FL 32931**

Mailing Address
**P O BOX 320904
COCOA, FL 32931**

40050415



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2923418

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SACCHITELLA, STEVEN
25 N ORANGE AVE
COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

25 N. Orlando Ave

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

R.A.

3-21-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME STOVER, BONNIE
STREET ADDRESS 5 AZALEA DR
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE TD ☒ Delete
NAME WINTER, ROSE
STREET ADDRESS 1800 MINUTEMAN CAUSEWAY #16
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE VD ☒ Delete
NAME PORTER, JOHN
STREET ADDRESS 2 COUNTRY CLUB RD #20
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE D ☒ Delete
NAME UPTON, JOHN
STREET ADDRESS 1800 MINUTEMAN CAUSEWAY #15
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE SD ☒ Delete
NAME MURPHY, HOPE
STREET ADDRESS 1800 MINUTEMAN CAUSEWAY #18
CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/D ☒ Change ☐ Addition
NAME Bonni Stover
STREET ADDRESS 5 AZALEA DR
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE T/D ☐ Change ☒ Addition
NAME Jeff Butterworth
STREET ADDRESS 2 Country Club Rd #22
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE V ☐ Change ☒ Addition
NAME Mark Gallagher
STREET ADDRESS 1800 Minuteman Cswy #11
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE D ☐ Change ☒ Addition
NAME Polly Helm
STREET ADDRESS 2 Country Club Rd #27
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE P ☐ Change ☒ Addition
NAME Dino DeAngelis
STREET ADDRESS 1800 Minuteman Cswy #17
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-07

321-784-3880