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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29524**

1. Corporation Name
RHC MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3174 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US	3174 GULF OF MEXICO DR LONGBOAT KEY FL 34228 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/02/1988
Suite, Apt. #, etc. 22 5370 GULF OF MEXICO DR	Suite, Apt. #, etc. 27 5370 GULF OF MEXICO DR	4. FEI Number 59-2973386 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LISTON, DAVID JMC PROPERTY MGMT 3174 GULF MEXICO LONGBOAT KEY FL 34228	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5370 GULF OF MEXICO DRIVE 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	DICK, MICHAEL		1.2 NAME		
STREET ADDRESS	550 BAY ISLES RD.		1.3 STREET ADDRESS	823 GRANVILLE DRIVE	
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAVEC, RICK		2.2 NAME		
STREET ADDRESS	4316 RIVER HILLS PKWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	OVENWALD, LEE		3.2 NAME	5212 FAIRWAY ONE DRIVE	
STREET ADDRESS	5202 MAION RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FORTIN, CLAUDE		4. 2 NAME		
STREET ADDRESS	4934 WILLOWRIDGE TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SWEAZY, BOB		5.2 NAME	LABRECQUE, PHIL	
STREET ADDRESS	4316 RIVER HILLS PKWY		5.3 STREET ADDRESS	4316 NEW RIVER HILLS PARKWAY	
CITY-ST-ZIP	VALRICO FL		5.4 CITY-ST-ZIP	VALRICO FL 33594	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/13/99 407-645-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #