

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-30-2007 90866 043 ***61.20
N33693

DOCUMENT # N33693 1. Entity Name SANTA MARIA MASTER ASSOCIATION, INC.			
Principal Place of Business 7317 ESTERO BLVD FORT MYERS BEACH, FL 33931-4340		Mailing Address 6620 ESTERO BLVD FORT MYERS BEACH, FL 33931-4340	
2. Principal Place of			
Suite, Apt. #, etc.			
City & State			
Zip			
Country			
3. Name and Address of Current Registered Agent			
MONSRUD, MARY ANNE 6640 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931		Name Street Ad Alliant Property Management, LLC 6719 Winkler Road, Suite 200 Fort Myers, FL 33919 City Code	
4. 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 <u><i>M. Ilie Strohm</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>M. Ilie Strohm, Agent</i></u> <small>(NOTE: Registered Agent signature required when reinstated)</small>	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLUEGEL, DONALD J 1303 S FRONTAGE RD, STE 5 HASTINGS, MN 55033	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOERSMA, LEN 59280 SHAFER BROTHERS RD. THREE RIVERS, MI 48093	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOS, DENNIS 39318 CHESHIRE WESTLAND, MI 48186	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOWLING, TOM 7317 ESTERO BLVD #300 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, and all other like empowered.			
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-19-07</u> <small>Daytime Phone #</small>	

FILED
07 MAY -4 AM 8:05
CLERK OF STATE
TAL 60046182
FLORIDA



04192007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0204923 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7055

835/15

231-454-1101