

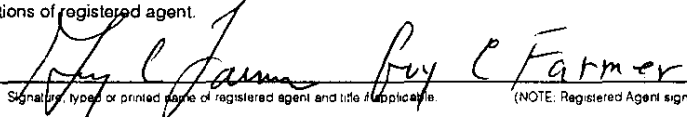
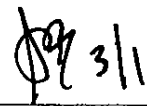


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N36356				FILED 07 FEB 28 PM 2:02 DEPARTMENT OF STATE 	
1. Entity Name DANFORTH MASTER ASSOCIATION, INC.					
Principal Place of Business 3645 SOUTHWEST WHISPERING SOUND DRIVE PALM CITY FL 34990 US		Mailing Address 3645 SOUTHWEST WHISPERING SOUND DRIVE PALM CITY FL 34990 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/06)	
City & State		City & State		4. FEI Number 65-0789752	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARMER, GUY C 3645 SW WHISPERING SOUND DRIVE PALM CITY FL 34990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 		Guy C Farmer		2-24-07	
FILE NOW: FEE IS \$61.25 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	DP <input type="checkbox"/> Delete	TITLE	Secy & Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FARMER, GUY	NAME	Farmer, Guy		
STREET ADDRESS	3662 SW WHISPERING WOUND DRIVE	STREET ADDRESS	3662 SW WHISPERING SOUND DR		
CITY-ST-ZIP	PALM CITY FL 34990	CITY-ST-ZIP	Palm City FL 34990		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ADAMS, EUGENE A	NAME	Schneider, Joseph Jr		
STREET ADDRESS	1897 SOUTHWEST WINDCROSS RUN	STREET ADDRESS	2224 SW Danforth Circle		
CITY-ST-ZIP	PALM CITY FL 34990	CITY-ST-ZIP	Palm City, FL 34990		
TITLE	VP <input type="checkbox"/> Delete	TITLE	Member <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAMBORN, GAIL B	NAME	Lamborn, Gail B		
STREET ADDRESS	2231 SOUTHWEST DENFORTH CIRLCE	STREET ADDRESS	2231 SW Danforth Circle		
CITY-ST-ZIP	PALM CITY FL 34990	CITY-ST-ZIP	Palm City FL 34990		
TITLE	D <input type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WORRALL, RICHARD	NAME	Worrall, Richard		
STREET ADDRESS	1292 SW GREENS POINTE WAY	STREET ADDRESS	1292 SW Greens Point Way		
CITY-ST-ZIP	PALM CITY FL 34990	CITY-ST-ZIP	Palm City FL 34990		
TITLE	 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Guy C Farmer 2-24-07 772-219-1988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #