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03-24-1999 90095 002 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N36503**

1. Corporation Name
WORTHINGTON MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13500 WORTHINGTON WAY BONITA SPRINGS FL 34135 US	13500 WORTHINGTON WAY BONITA SPRINGS FL 34135 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/07/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0158630 ☐ 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

ICKOWITZ
~~ICK WIOTZ~~, ANGELO A
WORTHINGTON COUNTRY CLUB
13500 WORTHINGTON WAY
BONITA SPRINGS FL 34135

10. Name and Address of New Registered Agent

81 Name

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

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	DS	☐ ~~DELETE~~	1.1 TITLE	DS	☐ Change ☑ Addition
NAME	~~MATOS, EUGENE~~		1.2 NAME	RICHARD MILLER	
STREET ADDRESS	13500 WORTHINGTON WAY		1.3 STREET ADDRESS	13500 WORTHINGTON WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	~~DT~~	☐ DELETE	2.1 TITLE	DP	☐ Change ☐ Addition
NAME	GEORGE, MELVIN		2.2 NAME		
STREET ADDRESS	13500 WORTHINGTON WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		2.4 CITY-ST-ZIP		
TITLE	DVP	☑ DELETE	3.1 TITLE	DVP	☐ Change ☑ Addition
NAME	HIGGINS, CHARLES		3.2 NAME	CLAUDIA POLZIN	
STREET ADDRESS	13500 WORTHINGTON WAY		3.3 STREET ADDRESS	13500 WORTHINGTON WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		3.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34135	
TITLE	DP	☑ DELETE	4.1 TITLE	DT	☐ Change ☐ Addition
NAME	PROSSER, EUGENE		4.2 NAME	DAVID REDMOND	
STREET ADDRESS	13500 WORTHINGTON WAY		4.3 STREET ADDRESS	13500 WORTHINGTON WAY	
CITY-ST-ZIP	BONITA SPRINGS FL 34135		4.4 CITY-ST-ZIP	BONITA SPRINGS, FL. 34135	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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		

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: MUST BE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)