2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT FILED Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT # N36604** 1. Entity Name SOUTHPARK AT ST. AUGUSTINE MASTER ASSOCIATION, INC. Principal Place of Business Mailing Address 216 SOUTHPARK CIR 341 E WILDWOOD DR ST AUGUSTINE, FL 32086 ST AUGUSTINE, FL 32086 04242007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3007498 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSADO, SANTIAGO DO NOT WRITE 216 SOUTHPARK CIR E ST AUGUSTINE, FL 32086 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by May 1, 2007 10. OFFICERS AND DIRECTORS TITLE PD ROSADO, SANTIAGO STREET ADDRESS 216 SOUTHPARK CIR F U00000746488 CITY-ST-ZIP ST AUGUSTINE, FL 32086 05/16/07-80072-004 61.25 TITLE VPD NAME VAIL, RONALD G STREET ADDRESS 208 SOUTHPARK CIRCLE CITY-ST-ZIP ST AIGUSTINE, FL 32086 STD NAME HAASE, JAMES STREET ADDRESS 238 W KING STREET DO NOT WRITE CITY-ST-7IP SAINT AUGUSTINE, FL 32084 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS C/TY-ST-ZIP TITLE NAME STREET ADDRESS

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.

SIGNATURF:

CITY-ST-ZIP

HAASE 4/26/07 904/797-4330