

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46702

FILED
Mar 06, 2012
Secretary of State

Entity Name: WILSHIRE LAKES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MGMT, INC
5020 TAMiami TR NORTH, STE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROPERTY MGMT, INC
5020 TAMiami TR NORTH, STE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0313751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URBANCIC, GREGORY L
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: THOMAS, KARIN
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: DVP
Name: CONRAD-LICHTMAN, CASSI
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: DS/T
Name: HUBER, SHANNON
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D
Name: LUMIA, CRAIG
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D
Name: BYRD, CLIFFORD
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KARIN THOMAS

DP

03/06/2012

Electronic Signature of Signing Officer or Director

Date