2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N95000005897

Entity Name: VILLA ROSA MASTER ASSOCIATION, INC.

Current Principal Place of Business:

4131 GUNN HWY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4131 GUNN HWY
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 59-3366631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TERRELL, COURTENAY S ESQ
101 S. FRANKLIN STREET - SUITE 101
TAMPA, FL 33602 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: PD ( ) Delete
Name: CALVO, SHARON
Address: 19802 SUNSPLASH LN
City-St-Zip: LUTZ, FL 33558

Title: VPD ( ) Delete
Name: LANGSAM, STUART
Address: 19702 MORDEN BLUSH DR
City-St-Zip: LUTZ, FL 33558

Title: TD ( ) Delete
Name: OWENS, BOB
Address: 19307 GARDEN QUILT
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete
Name: CURRY, THOMAS
Address: 19216 WINDDANCER ST
City-St-Zip: LUTZ, FL 33558

Title: SD (X) Delete
Name: HURWITZ, BRUCE
Address: 19208 PRINSTINE PL
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CALVO, SHARON
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: VP (X) Change ( ) Addition
Name: CURRY, THOMAS
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: TD (X) Change ( ) Addition
Name: OWENS, BOB
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: SD (X) Change ( ) Addition
Name: HURWITZ, BRUCE
Address: 4131 GUNN HWY
City-St-Zip: TAMPA, FL 33618

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHARON CALVO PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date