


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90016 037 \*\*\*\*61.25

<b>DOCUMENT # N96000006022</b> 1. Entity Name <b>PROSPERITY POINT MASTER ASSOCIATION, INC.</b>					
Principal Place of Business 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573 US			Mailing Address %BENSON'S INC. 12650 WHITEHALL DR. FT. MYERS, FL 33907-3619		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3439077</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BENSON, MARK R</b> <b>12650 WHITEHALL DR</b> <b>FORT MYERS, FL 33907</b>				7. Name and Address of New Registered Agent Name <b>VANDALL, BONITA D</b> Street Address (P.O. Box Number is Not Acceptable) <b>12650 WHITEHALL DR</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33907</b>	
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 <u><i>B. D. V. R.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u><i>BONITA D. VANDALL</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u><i>3-5-07</i></u> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAFFER, LOWELL 3389 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAFFER, LOWELL 3389 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COUPERTHWAIT, GORDON 3321 SUNSET KEY CIR #405 PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COUPERTHWAIT, GORDON 3321 SUNSET KEY CIR #405 PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAZEAU, BOB 3440 SUNSET KEY CIRCLE UNIT B PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELL, THOMAS 3329 SUNSET KEY CIR #501 PUNTA GORDA, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIPSTEIN, BARRY 3209 SUNSET KEY CIRCLE PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYLE, ARVON 3465 SUNSET KEY CIR #B PUNTA GORDA, FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNWELL, RALPH 3313 SUNSET KEY CIRCLE #404 PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMITZ, TOM 3354-B SUNSET KEY CIRCLE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>Lowell V Shaffer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>3/2/07</i></u> <small>Date</small>		<u><i>741-639-2138</i></u> <small>Daytime Phone #</small>