


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90038 037 ****61.25

DOCUMENT # N96000006022 1. Entity Name PROSPERITY POINT MASTER ASSOCIATION, INC.					
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		01292008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3439077	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VANDALL, BONITA D 12650 WHITEHALL DR FORT MYERS, FL 33907				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAFFER, LOWELL		NAME		
STREET ADDRESS	3389 SUNSET KEY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COUPERTHWAIT, GORDON		NAME	D COUPERTHWAIT, GORDON	
STREET ADDRESS	3321 SUNSET KEY CIR #405		STREET ADDRESS	3321 SUNSET KEY CIR #405	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, THOMAS		NAME	STD BELL, THOMAS	
STREET ADDRESS	3329 SUNSET KEY CIR #501		STREET ADDRESS	3329 SUNSET KEY CIR #501	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BYLE, ARVON		NAME	VD HENDERSON, DAVID	
STREET ADDRESS	3465 SUNSET KEY CIRCLE		STREET ADDRESS	3451 SUNSET KEY CIR # B	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORNWELL, RALPH		NAME		
STREET ADDRESS	3313 SUNSET KEY CIRCLE #404		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHMITZ, TOM		NAME	D JONES, MAGGIE	
STREET ADDRESS	3354-B SUNSET KEY CIRCLE		STREET ADDRESS	3460 B SUNSET KEY CIR	
CITY-ST-ZIP	PUNTA GORDA, FL 33955		CITY-ST-ZIP	PUNTA GORDA, FL 33955	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/5/08 941-639-2130 <small>Date Daytime Phone #</small>		