

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 18, 2009
Secretary of State

DOCUMENT# N96000006022

Entity Name: PROSPERITY POINT MASTER ASSOCIATION, INC.**Current Principal Place of Business:**C/O BENSON'S INC
12650 WHITEHALL DR
FORT MYERS, FL 33907 US**Current Mailing Address:**%BENSON'S INC.
12650 WHITEHALL DR.
FT. MYERS, FL 339073619**New Principal Place of Business:**C/O ALLIANT PROPERTY MANAGEMENT
6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919 US**New Mailing Address:**C/O ALLIANT PROPERTY MANAGEMENT
6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919 US**FEI Number:** 59-3439077**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VANDALL, BONITA D
12650 WHITEHALL DR
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**ALLIANT PROPERTY MANAGEMENT
6719 WINKLER RD. STE. 200
FORT MYERS, FL 33919 US

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: JOHN M. STROHM, AGENT

11/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: SHAFFER, LOWELL
Address: 3389 SUNSET KEY CIRCLE
City-St-Zip: PUNTA GORDA, FL 33955Title: VD () Delete
Name: BYLE, ARVON
Address: 3465 SUNSET KEY CIR #B
City-St-Zip: PUNTA GORDA, FL 33955Title: STD () Delete
Name: BELL, THOMAS
Address: 3329 SUNSET KEY CIR #501
City-St-Zip: PUNTA GORDA, FL 33955Title: PD () Delete
Name: HAWLEY, EMILY
Address: 3332-D SUNSET KEY CIR
City-St-Zip: PUNTA GORDA, FL 33955Title: D () Delete
Name: CORNWELL, RALPH
Address: 3313 SUNSET KEY CIRCLE #404
City-St-Zip: PUNTA GORDA, FL 33955Title: D () Delete
Name: JONES, MAGGIE
Address: 3460 B SUNSET KEY CIRCLE
City-St-Zip: PUNTA GORDA, FL 33955**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
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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: EMILY HAWLEY

PD

11/18/2009

Electronic Signature of Signing Officer or Director

Date