


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90037 048 \*\*\*\*61.25

<b>DOCUMENT # N97000007098</b> 1. Entity Name <b>HATTON CHASE MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>4003 HARTLEY ROAD</b> <b>JACKSONVILLE, FL 32257 US</b>			Mailing Address <b>4003 HARTLEY ROAD</b> <b>JACKSONVILLE, FL 32257 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3491737</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CANTRELL, BRYAN</b> <b>SIGNATURE REALTY &amp; MANAGEMENT, INC.</b> <b>4003 HARTLEY ROAD</b> <b>JACKSONVILLE, FL 32257</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be 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	<b>P</b> <b>ZIMINSKI, RICK</b> <b>12480 HATTON CHASE LANE E</b> <b>JACKSONVILLE, FL 32258</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>DR. PETER SCARTH</b> <b>12595 BRIARHEAD LANE</b> <b>JACKSONVILLE, FL 32258</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAYLOR, PHIL</b> <b>14566 BASILHAM LN</b> <b>JACKSONVILLE, FL 32258</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <b>PHIL TAYLOR</b> <b>14566 BASILHAM LANE</b> <b>JACKSONVILLE, FL 32258</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ZIMINSKI, JENNY</b> <b>12480 HATTON CHASE LANE E</b> <b>JACKSONVILLE, FL 32258</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>NEAL STEINHOFF</b> <b>14583 BASILHAM LANE</b> <b>JACKSONVILLE, FL 32258</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CLEVELAND, TARA</b> <b>12424 HATTON CHASE LANE W</b> <b>JACKSONVILLE, FL 32258</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <b>RICK ZIMINSKI</b> <b>12480 HATTON CHASE LANE W.</b> <b>JACKSONVILLE, FL 32258</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEREZ, NOEL</b> <b>14620 BASILHAM LN</b> <b>JACKSONVILLE, FL 32258</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>RICHARD MAISENBACHER</b> <b>12490 HATTON CHASE LANE W.</b> <b>JACKSONVILLE, FL 32258</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE: <u>Peter Scarth</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>3-7-06 268-8641</b> <small>Date Daytime Phone #</small>	