

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90021 011 \*\*\*\*61.25

<b>DOCUMENT # N97000007098</b> 1. Entity Name <b>HATTON CHASE MASTER ASSOCIATION, INC.</b>			
Principal Place of Business <b>7600 ARLINGTON EXPY JACKSONVILLE, FL 32211 US</b>		Mailing Address <b>7600 ARLINGTON EXPY JACKSONVILLE, FL 32211 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 50286</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Jacksonville Beach, FL</b>		4. FEI Number <b>59-3491737</b>	
Zip <b>32240</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CANTRELL, BRYAN RIVER CITY MANAGEMENT SERVICES 7600 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211</b>		7. Name and Address of New Registered Agent <b>River City Management Services 7600 Arlington Expressway Jacksonville, FL 32211</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 <b>Shaileen Thompson</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>1/8/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	P DAVIS, GREG 14576 CARDIGTON COURT JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ABDALLAH KABBANE 12572 BRIARMEAD LANE JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULLER, JIM 14510 CHESHAM COURT JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CAROLYN PORTER 14495 CHESHAM COURT JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZIRIMSKI, RICK 12480 HALTON CHASE LANE E JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PETER VEGA 14471 CHESHAM COURT JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DONALD VORHEES 14477 WOODFIELD CIRCLE W. JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DONALD VORHEES 14477 WOODFIELD CIRCLE W. JACKSONVILLE, FL 32258
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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: <b>Shaileen Thompson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-28-08</b> Daytime Phone # <b>904-292-0416</b>	