

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N98000004909

**1. Entity Name
AMERICAN DREAM MASTER HOMEOWNERS
ASSOCIATION, INC.**



**Principal Place of Business
11356 HARLAN DR
JACKSONVILLE, FL 32218**

**Mailing Address
11356 HARLAN DR
JACKSONVILLE, FL 32218**



02062006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
59-3553505**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**DRURY, MARK A
11356 HARLAN DR
JACKSONVILLE, FL 32218**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and role if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**1101010447691
03/08/06-80066-025 70.00**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DRURY, MARK A
11356 HARLAN DR
JACKSONVILLE, FL 32218**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PRINCE, RUTH
10650 HAVERFORD ROAD, #4
JACKSONVILLE, FL 32218**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Drury

2/16/06

Date

904-757-4700

Office Phone #