2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N98000004909



FILED Mar 29, 2007 08:00 A Secretary of State

AMERICAN DREAM MASTER HOMEOWNERS ASSOCIATION, INC.										
11356 HARLAN DR 1135			Mailing Addres 11356 HARL JACKSONVILL	an dr						
2. Principal Place of Business - No P.O. Box # 3. Ma			3. Mailing Addr	ess						
Suite, Apt. #, etc.			Suite, Apt.	f, etc.		01162007 C	hg-NP	CR2E03	7 (12/06)	
City & State			City & State	City & State		4. FEI Number 59-3553505			<u> </u>	pplied For ot Applicable
Zip	Country Z		Zip	ip Counti		5. Certificate of Status Desired \$8.75 Addition Fee Required				
	6. Name	and Address of Current	Registered Agent			7. Name and Add	iress of New Re	egisterèd A	gent	
DRURY, MARK A 11356 HARLAN DR JACKSONVILLE, FL 32218					Name Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Coo	ie
		y submits this statement fo tered agent.	or the purpose of ch	anging its registe	red office or registe	ered agent, or both, in	the State of Flor		 amiliar with	, and accept
	ions or regist									
SIGNATURE .		or printed name of registered agent	and tide if applicable.	(NOTE: Register	red Agent signature require	red when reinstating)		DATE		
_	Signature, typed	or printed name of registered agent e is \$61.25 flay 1, 2007	9. El	(NOTE: Register ection Campaign ust Fund Contribu	Financing	\$5.00 May Be Added to Fees		DATE ake check da Depart		
_	Signature, typed Filling Fe Due by M	e is \$61.25	9. El Tr	ection Campaign ust Fund Contribu	Financing ution.	\$5.00 May Be	Flori	zke check da Depart	ment of S	State
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12. I hereby certify that the information supplied with this filling 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: