

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007097

FILED
Apr 13, 2007
Secretary of State

Entity Name: MONTREUX AND STILLWATER MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3578911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: HORWITZ, HOWARD
Address: 7622 DUNBRIDGE DR
City-St-Zip: ODESSA, FL 33556

Title: PD () Delete
Name: JEFFERSON, KAY
Address: 7702 STILL PARK CIR
City-St-Zip: ODESSA, FL 33556

Title: STD () Delete
Name: LOOSE, DONALD
Address: 19131 BECKETT DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BONSACK, DEBBIE
Address: 7762 STILL LAKES DR
City-St-Zip: ODESSA, FL 33556

Title: VPD (X) Change () Addition
Name: NOZARI, PAM
Address: 19120 LARCHMONT DR
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBBIE BONSACK

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date