DOCUMENT # N99000003541

1. Entity Name

PROSPERITY HARBOR NORTH MASTER ASSOCIATION, INC.

FILED

00 DEC 20 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
951 Broken Sound Pkwy., Ste.250 Boca Raton, FL 33487	951 Broken Sound Pkwy Ste. 250 Boca Raton, FL 33487

2. Principal Place of Business	3. Mailing Address
c/o Concept Mgmt. Service	c/o Concept Mgmt. Service
Suite, Apt. #, etc.: 400 Toney Penna Drive	Suite, Apt. #, etc.: 400 Toney Penna Drive
City & State: Jupiter, Florida	City & State: Jupiter, FL
Zip: 33458 Country: U.S.A.	Zip: 33458 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-4289700 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Community Association Services, Inc. 951 Broken Sound Parkwy, Ste. 250 Boca Raton, FL 33487	Name: Dickinson Management, Inc. Street Address (P.O. Box Number is Not Acceptable): 400 Toney Penna Drive City: Jupiter **FL** Zip Code: 33458

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.

SIGNATURE Sheri M Spring
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Matheson, Mary 1350 E. Newport Center Dr.,Ste.200 Deerfield Beach, FL 33442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500003514925--6 -12/28/00--01006--014 ****236.25 ****236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Oliver, Michael 1350 E. Newport Center Dr.,Ste.200 Deerfield BEach, FL 33442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Allen, Alice A. 1350 E.Newport Center Dr., Ste.200 Deerfield Beach, FL 33442 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Ortner, Gabrielle 1350 E. Newport Center Dr.,Ste.200 Deerfield Beach, FL 33442	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Cruz, Deanna 1350 E. Newport Center Dr., Ste.200 Deerfield Beach, FL 33442 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RESTATEMENT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. *I hereby certify* that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Alice A. Allen, Pres. 12/18/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #