2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90043 042 ****61.25

DOCUMENT # N99000003541

1. Entity Name
PROSPERITY HARBOR NORTH MASTER ASSOCIATION, INC.

Principal Place of Business
C/O CAPITAL REALTY ADVISORS INC.
600 SANDTREE DR STE 109
WEST PALM BEACH, FL 33403 US

Mailing Address
600 SANDTREE DR STE 109
WEST PALM BEACH, FL 33403 US

2. Principal Place of Business
c/o Capital Realty Advisors, Inc.
600 Sandtree Drive, Suite 109
Palm Beach Gardens, FL 33403
USA

3. Mailing Address
600 Sandtree Drive, Suite 109
Palm Beach Gardens, FL 33403
USA

03152005 Chg-NP CR2E037 (10/03)

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

DICKER, KRIVOK & STOLOF
1818 AUSTRALIAN AVE. SO., STE 400
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name
Street Ac **Capital Realty Advisors, Inc.**
600 Sandtree Drive, Suite 109
Palm Beach Gardens, FL 33403
City
ode
DONNA McDONALD

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 Donna McDonald 3-24-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIGLORIA, ROBERT 736 SANDY POINT LANE NORTH PALM BEACH, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STECKLER, JACKIE 712 SANDY POINT LANE PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D **Bert Angones** **715 Lyford Cay Drive** **North Palm Beach, FL 33410** **USA**	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD IVALDI, CHRISTINA 744 MARITIME WAY NORTH PALM BEACH, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HENAKER, WAYNE 705 CABLE BCH. LANE NORTH PALM BEACH, FL 33410	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S **Barbara Peroulakis** **741 Cable Beach Lane** **North Palm Beach, FL 33410** **USA**	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORNELLA, ROBERT 719 CHARLES TOWN CIR. NORTH PALM BEACH, FL 33410	☒ 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		☐ Change ☐ Addition

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: X Christen Doulos Treas. 3-25-05 561-691-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #