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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90271 025 ****61.25

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DOCUMENT # N99000003541

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

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

01102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1930 Commerce Ln #1
City & State	City & State Jupiter FL
Zip / Country	Zip 33458 / Country USA

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
CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DRIVE SUITE 109 PALM BEACH GARNENS, FL 33403	Name Steve Inglis, RCAM Street Address (P.O. Box Number is Not Acceptable) C/O Bristol Management 1930 Commerce Lane 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Steve Ingli 3/30/06
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, 2006

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	D ANGONES, BERT 715 LYFORD CAY DRIVE NORTH PALM DRIVE, FL 33410	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAN GERSHONI 610 VICTORIA POINT LN. WESTON, FL. 33327 ☐ 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	TD BOYLE, MARIE 743 CABLE BEACH LANE NORTH PALM BEACH, FL 33410 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PEROULAKIS, BARBARA 741 CABLE BEACH LANE NORTH PALM BEACH, FL 33410	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GARRISON, CLAYTON 747 CABLE BEACH LANE NORTH PALM BEACH, FL 33410 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STIECKLER, JACKIE 712 SANDY POINT LANE PALM BEACH GARDENS, 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	NORTH PALM BEACH, FL. 33410 ☐ Change ☐ Addition

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: Robert M. DiGloria pres. 3/30/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #