# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 29, 2007 8:00 am**
**Secretary of State**
01-29-2007 90061 037 ****61.25

DOCUMENT # N99000003541

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

Principal Place of Business
C/O CAPITAL REALTY ADVISORS INC. 930 Comm Lane
600 SANDTREE DR STE 109
PALM BEACH GARDENS, FL 33403 Jupiter FL

Mailing Address
C/O BRISTOL MGMT
1930 COMMERCE LANE
JUPITER, FL 33458 US

01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number ~~54-4289700~~ 65-09 39013 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

INGLIS, STEVE PCAM
C/O BRISTOL MGMT
1930 COMMERCE LANE
JUPITER, FL 33458

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ 1-25-2007
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, 2007**

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<br>DIGLORIA, ROBERT<br>736 SANDY POINT LANE<br>NORTH PALM BEACH, FL 33410 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MARY JANE RANGE<br>715 LYFORD CAY DRIVE<br>NORTH PALM BEACH, FL 33410 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GERSHONI, DAN<br>1610 VICTORIA PT LN<br>FORT LAUDERDALE, FL 33327 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHRISTINA IVALDI<br>744 MARITIME WAY<br>NORTH PALM BEACH, FL 33410 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BOYLE, MARIE<br>743 CABLE BCH LN<br>NORTH PALM BEACH, FL 33410 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GARRISON, CLAYTON<br>747 CABLE BCH LN<br>PALM BEACH GARDENS, FL 33410 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DEBRA COHEN<br>732 SANDY POINT LANE<br>NORTH PALM BEACH, FL 33410 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>STIECKLER, JACKIE<br>712 SANDY POINT LANE<br>PALM BEACH GARDENS, FL 33410 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>KATHY LEVERETTE<br>730 SANDY POINT LANE<br>NORTH PALM BEACH, FL 33410 | ☒ 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 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:** MaryJane Range MARY JANE RANGE 01/23/07 561-776-1348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #