

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90216 046 ****61.25

DOCUMENT # N00000004055

1. Entity Name

WILLOUGHBY FARMS MASTER ASSOCIATION, INC.



Principal Place of Business

~~8000 GOVERNORS SQUARE BLVD., SUITE 101~~
~~MIAMI LAKES FL 33016~~

Mailing Address

C/O CASTLE MANAGEMENT, INC
P O BOX 189013
PLANTATION FL 33318

2. Principal Place of Business

C/o Castle Management, Inc.

3. Mailing Address

C/o Castle Management Inc.

Suite, Apt. #, etc.

P.O. Box 189013

Suite, Apt. #, etc.

P.O. Box 189013

City & State

Plantation FL

City & State

Plantation FL

Zip

33318

Country

USA

Zip

33318

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1045906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~RODRIGUEZ, JUAN E~~

~~2550 BRICKELL BAYVIEW CENTRE~~

~~80 S.W. 8TH STREET~~

~~MIAMI FL 33016~~

7. Name and Address of New Registered Agent

Name *Castle Management, Inc.*

Street Address (P.O. Box Number is Not Acceptable)

4450 W. Sunrise BOULEVARD

SUITE C-100

City

Plantation

FL

Zip Code

33313

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

Signature, typed or printed name of registered agent and title if applicable.

Robert Donnelly, Executive Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/03

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HUMPHRIES, MICHAEL	
STREET ADDRESS	8000 GOVERNORS SQUARE BLVD., SUITE 101	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROCA, RAFAEL	
STREET ADDRESS	8000 GOVERNORS SQUARE BLVD., SUITE 101	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHARPSTEEN, CANDACE	
STREET ADDRESS	8000 GOVERNORS SQUARE BLVD., SUITE 101	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GUERRA, FRANCES J	
STREET ADDRESS	8000 GOVERNORS SQUARE BLVD., SUITE 101	
CITY-ST-ZIP	MIAMI LAKES FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRENBAUM, ALBERT	
STREET ADDRESS	6251 Willoughby Circle	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIBERA, RON	
STREET ADDRESS	4723 PINEMORE LANE	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, SUSAN	
STREET ADDRESS	4643 PINEMORE LANE	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, MARILYN	
STREET ADDRESS	4927 PINEMORE LANE	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAACSON, ANDREW	
STREET ADDRESS	6292 Willoughby Circle	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED Albert Birenbaum, President 1/20/03 (561) 276-4500

CR2E037 (10/02)