

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40536

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** V.D.L. MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

1617 N FLAGLER DR  
W. PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

1617 N FLAGLER DR  
W. PALM BEACH, FL 33407

**New Mailing Address:**

**FEI Number:** 65-0231390

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALATA, KATHLEEN  
225 SOUTHERN BLVD  
STE 202  
WEST PALM BEACH, FL 33405 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MANN, JONATHAN  
Address: 1617 NO. FLAGLER DRIVE APT 3B  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: T  
Name: FORSYTH, IAN  
Address: 1617 N FLAGLER DRIVE APT 6B  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP  
Name: PAPPAS, MARYALICE  
Address: 1617 NORTH FLAGLER DRIVE APT 4A  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S  
Name: DONATO, JOHN  
Address: 1617 NORTH FLAGLER DRIVE APT 503  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN SALATA

MGR

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date