

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748870

Entity Name: MASTERS CONDOMINIUMS, INC.**Current Principal Place of Business:**6511 PINECASTLE BLVD
ORLANDO, FL 32809**Current Mailing Address:**PO BOX 568846
ORLANDO, FL 32856-8846**FEI Number:** 59-2000445**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOLTERS, PAMELA R
6511 PINECASTLE BLVD
ORLANDO, FL 32809 US*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**Officer/Director Detail :**

Title SECRETARY
Name RUDOLPH, LEONA
Address 6204 MASTERS BLVD
City-State-Zip: ORLANDO FL 32819

Title VP
Name IMBRUGLIA, RICHARD
Address 8990 HOUSTON PLACE
City-State-Zip: ORLANDO FL 32819

Title PRESIDENT
Name ROGERS, RAY
Address 8984 HOUSTON PLACE
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR
Name HUZYAK, MARK
Address 8986 HOUSTON PLACE
City-State-Zip: ORLANDO FL 32819

Title TREASURER
Name JOHNSON, MARK
Address 6206 MASTERS BLVD
City-State-Zip: ORLANDO FL 32819

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: RAY ROGERS**PRESIDENT****04/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date