

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 755991

**Entity Name:** POINCIANA VILLAGE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CMC MANAGEMENT  
2950 JOG RD  
GREENACRES, FL 33467

**Current Mailing Address:**

C/O CMC MANAGEMENT  
2950 S JOG RD  
GREENACRES, FL 33467 US

**FEI Number:** 59-2166048

**Certificate of Status Desired:** No

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

SACHS SAX CAPLAN, P.L  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 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:** SACHS SAX CAPLAN

04/30/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DONNELLY, RUSSELL  
Address C/O CMC MANAGEMENT  
2950 S JOG RD  
City-State-Zip: GREENACRES FL 33467

Title TREASURER  
Name CARCIOPPOLO, CATHERINE  
Address C/O CMC MANAGEMENT  
2950 S JOG RD  
City-State-Zip: GREENACRES FL 33467

Title DIRECTOR  
Name MASTANDREA, DONNA  
Address C/O CMC MANAGEMENT  
2950 S JOG RD  
City-State-Zip: GREENACRES FL 33467

Title VP  
Name REARDON, MICHAEL  
Address C/O CMC MANAGEMENT  
2950 S JOG RD  
City-State-Zip: GREENACRES FL 33467

Title SECRETARY  
Name GATTI, LINDA  
Address C/O CMC MANAGEMENT  
2950 S JOG RD  
City-State-Zip: GREENACRES FL 33467

*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:** RUSSELL DONNELLY

**PRESIDENT**

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date