

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771082

**Entity Name:** SYMPHONY ISLES MASTER ASSOCIATION, INC.**Current Principal Place of Business:**807 SYMPHONY ISLES BLVD  
APOLLO BEACH, FL 33572**Current Mailing Address:**807 SYMPHONY ISLES BLVD  
APOLLO BEACH, FL 33572 US**FEI Number:** 59-2613179**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSH ROSS REGISTERED AGENT SERVICES LLC  
1801 N HIGHLAND AVENUE  
TAMPA, FL 33602 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:** RANDY K. STERNS, VP OF REGISTERED AGENT

04/17/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** TREASURER**Name** MEEK, JOEL**Address** 1218 ACAPELLA LANE**City-State-Zip:** APOLLO BEACH FL 33572**Title** PRESIDENT**Name** ROLLINS, ERIC**Address** 952 SYMPHONY ISLES BLVD**City-State-Zip:** APOLLO BEACH FL 33572**Title** VP**Name** FALLON, DALENE**Address** 950 SYMPHONY ISLES BLVD**City-State-Zip:** APOLLO BEACH FL 33572**Title** SECRETARY**Name** HOUSSARI, ABED**Address** 1017 SONATA LANE**City-State-Zip:** APOLLO BEACH FL 33572**Title** DIRECTOR**Name** GARBER, WILLIAM**Address** 917 CAPRICCIO LANE**City-State-Zip:** APOLLO BEACH FL 33572

*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:** JOEL MEEK

TREASURER

04/17/2023

Electronic Signature of Signing Officer/Director Detail

Date