

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004055

Entity Name: WILLOUGHBY FARMS MASTER ASSOCIATION, INC.**Current Principal Place of Business:**6060 WILLOUGHBY RD
LAKE WORTH , FL 33463**Current Mailing Address:**C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
BOCA RATON , FL 33428 US**FEI Number:** 65-1045906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORIDA SKYLINE MANAGEMENT
C/O FLORIDA SKYLINE MANAGEMENT
22163 MAJESTIC WOODS WAY
BOCA RATON , FL 33428 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:** KARLA RAMIREZ

02/17/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	SMITH, LYNN
Address	C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY
City-State-Zip:	BOCA RATON FL 33428

Title	TD
Name	ROBINSON, DAVE
Address	C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY
City-State-Zip:	BOCA RATON FL 33428

Title	VP
Name	MANSFIELD, ERICA
Address	C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY
City-State-Zip:	BOCA RATON FL 33428

Title	S
Name	BALLANCE, NICHOLE
Address	C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY
City-State-Zip:	BOCA RATON FL 33428

Title	D
Name	BENNETT, ALYSHIA
Address	C/O FLORIDA SKYLINE MANAGEMENT 22163 MAJESTIC WOODS WAY
City-State-Zip:	BOCA RATON FL 33428

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: SMITH , LYNN**PRESIDENT**

02/17/2023

Electronic Signature of Signing Officer/Director Detail

Date