

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004055

Entity Name: WILLOUGHBY FARMS MASTER ASSOCIATION, INC.**Current Principal Place of Business:**C/O BEMO ASSOCIATION PARTNERS, INC.
1500 GATEWAY BLVD. # 220
BOYNTON BEACH, FL 33426**Current Mailing Address:**C/O BEMO ASSOCIATION PARTNERS, INC.
1500 GATEWAY BLVD. # 220
BOYNTON BEACH, FL 33426 US**FEI Number:** 65-1045906**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEMO ASSOCIATION PARTNERS, INC.
BEMO ASSOCIATION PARTNERS, INC.
1500 GATEWAY BLVD. # 220
BOYNTON BEACH, FL 33426 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:** VICTORIA MORTON

04/27/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name SCOTT, RAY
Address C/O BEMO ASSOCIATION PARTNERS,
INC.
1500 GATEWAY BLVD. #220
City-State-Zip: BOYNTON BEACH FL 33426

Title TD
Name ROBINSON, DAVE
Address C/O BEMO ASSOCIATION PARTNERS,
INC.
1500 GATEWAY BLVD. #220
City-State-Zip: BOYNTON BEACH FL 33426

Title VP
Name RAPOSO, IVETT
Address C/O BEMO ASSOCIATION PARTNERS,
INC.
1500 GATEWAY BLVD. #220
City-State-Zip: BOYNTON BEACH FL 33426

Title S
Name STOLLBERG, DAVID
Address C/O BEMO ASSOCIATION PARTNERS,
INC.
1500 GATEWAY BLVD. #220
City-State-Zip: BOYNTON BEACH FL 33426

Title D
Name FISCHER, KEN
Address C/O BEMO ASSOCIATION PARTNERS,
INC.
1500 GATEWAY BLVD. #220
City-State-Zip: BOYNTON BEACH FL 33426

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 SCOTT

PRESIDENT

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date