<u>2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT</u>

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
9425 OLD CLUB RD.
PARKLAND, FL 33076 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   04/07/2024

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	PRESIDENT	Title	S
Name	SMITH, LYNN	Name	RAMJITSINGH, NISHA
Address	C/O FLORIDA SKYLINE MANAGEMENT	Address	C/O FLORIDA SKYLINE MANAGEMENT
	22163 MAJESTIC WOODS WAY		22163 MAJESTIC WOODS WAY
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428
Title	VP	Title	TREASURER
Name	ROBINSON, DAVE	Name	BENNETT, ALYSHIA
Address	C/O FLORIDA SKYLINE MANAGEMENT	Address	C/O FLORIDA SKYLINE MANAGEMENT
	22163 MAJESTIC WOODS WAY		22163 MAJESTIC WOODS WAY
City-State-Zip:	BOCA RATON FL 33428	City-State-Zip:	BOCA RATON FL 33428
Title	DIRECTOR		
Name	DOYLE, SUSAN		
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   04/07/2024

Electronic Signature of Signing Officer/Director Detail   Date