

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005063

**Entity Name:** PALMWOOD LODGE NO. 303, INC. FREE AND ACCEPTED  
MASONS OF FLORIDA

**FILED**  
**Mar 14, 2015**  
**Secretary of State**  
**CC1462716931**

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

**FEI Number: 65-1015035**

**Certificate of Status Desired: No**

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

LYNN, RICHARD E  
220 OCEAN STREET  
JACKSONVILLE, FL 32202 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MAZMANIAN, ALBERT O  
Address       102 MONTEREY DRIVE  
City-State-Zip: BOYNTON BEACH FL 33426

Title           PRESIDENT  
Name           FLORES, ALFREDO  
Address       2357 FLORIDA MANGO RD  
City-State-Zip: WEST PALM BEACH FL 33407

Title           SECRETARY  
Name           LOGREIRA, EFRAIM C  
Address       P.O. BOX 17327  
City-State-Zip: LAKE WORTH FL 33466-7101

Title           DIRECTOR  
Name           SEPPANEN, REIJO N  
Address       470 EXECUTIVE CENTER DR, APT 2-G  
City-State-Zip: WEST PALM BEACH FL 334012978

Title           DIRECTOR  
Name           MLAYESS, FAHED M  
Address       3710 WHITETAIL DR #402  
City-State-Zip: WEST PALM BEACH FL 33401

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: EFRAIM C. LOGREIRA**

**SECRETARY**

**03/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date