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: BARBIE CAIN

I

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N0300001206

Entity Name: VALRICO POINTE MASTER ASSOCIATION, INC.

### **Current Principal Place of Business:**

1463 OAKFIELD DR - STE. 142 BRANDON, FL 33511

### **Current Mailing Address:**

MCNEIL MGMT SERVICES, INC PO BOX 6235 BRANDON, FL 33508-6004 US

# FEI Number: 85-0485859

### Name and Address of Current Registered Agent:

MANKIN LAW GROUP PA 2535 LANDMARK DR - STE. 212 CLEARWATER, FL 33761-3930 US Certificate of Status Desired: No

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

#### Officer/Director Detail :

Title	D	Title	D	
Name	SINGSTER, JOYCE	Name	CAIN, BARBIE	
Address	MCNEIL MGMT SERVICES, INC PO BOX 6235	Address	MCNEIL MGMT SERVICES, INC PO BOX 6235	
City-State-Zip:	BRANDON FL 33508-6004	City-State-Zip:	BRANDON FL 33508-6004	
Title	D			
Name	DRAKE, CARA			
Address	MCNEIL MGMT SERVICES, INC PO BOX 6235			
City-State-Zip:	BRANDON FL 33508-6004			

DIRECTOR

03/11/2024

Date

FILED Mar 11, 2024 Secretary of State 0437922013CC

Date