

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000865

Entity Name: VALENCIA POINTE MASTER ASSOCIATION, INC.**Current Principal Place of Business:**12270 SW 3RD STREET, SUITE 200
PLANTATION, FL 33325**Current Mailing Address:**12270 SW 3RD STREET, SUITE 200
PLANTATION, FL 33325**FEI Number:** 20-2236224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHILLIPS, CANTOR & SHALECK, P.A.
C/O MARCIA RUBIN
4000 HOLLYWOOD BLVD, SUITE 500N
HOLLYWOOD, FL 33021 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	P
Name	LAZARUS, WILLIAM
Address	7094 SPRINGVILLE COVE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	1VP
Name	KATZ, MARK
Address	7216 CORNING CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	SD
Name	RUBENSTEIN, IRV
Address	7102 GREAT FALLS CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	TD
Name	SHARLET, JIM
Address	7378 GREENPORT COVE
City-State-Zip:	BOYNTON BEACH FL 33437

Title	2TD
Name	WITTCOFF, HAROLD DR.
Address	10624 RICHFIELD WAY
City-State-Zip:	BOYNTON BEACH FL 33437

Title	2VP
Name	WOLFBERG, STEVE
Address	10566 CONWAY TRAIL
City-State-Zip:	BOYNTON BEACH FL 33437

Title	2S
Name	BRAGER, LIZ
Address	6974 GREAT FALLS CIRCLE
City-State-Zip:	BOYNTON BEACH FL 33437

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: WILLIAM LAZARUS

PRESIDENT

04/17/2013

Electronic Signature of Signing Officer/Director Detail_____
Date