

**2014 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 SD  
Name RUBENSTEIN, IRV  
Address 7102 GREAT FALLS CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33437

Title D  
Name BROGER, LIZ  
Address 3974 GREAT FALLS CIR  
City-State-Zip: BOYNTON BEACH FL 33437

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

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

Title 2NDV  
Name WOLFBERG, STEVE  
Address 10566 CONWAY TRAIL  
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:** LAZARUS , WILLIAM

P

03/21/2014

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

\_\_\_\_\_  
Date