

2017 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:**RUBIN, MARCI
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:** RUBIN MARCI

04/19/2017

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 ASST. TREASURER
Name HERTZBERG, HOWARD
Address 10912 DEER PARK LANE
City-State-Zip: BOYNTON BEACH FL 33437

Title SECRETARY
Name MELTZ, STEVEN
Address 6945 WATERTOWN DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

Title TREASURER
Name GOTTLIEB, ROBERT
Address 6703 SHAMROCK TRAIL
City-State-Zip: BOYNTON BEACH FL 33437

Title 1VP
Name GELVEN, ARTHUR
Address 6791 SHAMROCK TRAIL
City-State-Zip: BOYNTON BEACH FL 33437

Title 1VP
Name KANE, ALLEN
Address 7048 CORNING CIRCLE
City-State-Zip: BOYNTON BEACH FL 33437

Title ASST. SECRETARY
Name ABRAMS, RANDY
Address 10961 DEER PARK LANE
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

04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date