

2024 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:**SACHS, SAX, CAPLAN
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 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:** SSC

03/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

| | |
|-----------------|-------------------------|
| Title | VP 2ND |
| Name | JAFFE, EDWARD |
| Address | 7046 GREAT FALLS CIRCLE |
| City-State-Zip: | BOYNTON BEACH FL 33437 |

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|-----------------|------------------------|
| Title | ASST. SECRETARY |
| Name | GILBERT, ALLEN |
| Address | 7357 FOREST PARK WAY |
| City-State-Zip: | BOYNTON BEACH FL 33437 |

| | |
|-----------------|--------------------------------|
| Title | TREASURER |
| Name | WOLFBURG, STEVEN |
| Address | 12270 SW 3RD STREET STE 200 |
| City-State-Zip: | PLANTATION FL 33325 |

| | |
|-----------------|------------------------|
| Title | ASST. TREASURER |
| Name | SUSSMAN, JONATHAN |
| Address | 10917 SKYLAND POINT |
| City-State-Zip: | BOYNTON BEACH FL 33437 |

| | |
|-----------------|--------------------------------|
| Title | SECRETARY |
| Name | SPELLMAN, SUSAN |
| Address | 12270 SW 3RD STREET STE 200 |
| City-State-Zip: | PLANTATION FL 33325 |

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: ALLEN KANE

PRESIDENT

03/01/2024

Electronic Signature of Signing Officer/Director Detail

Date