

2016 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:** SACHS SAX CAPLAN

03/10/2016

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

| | |
|-----------------|------------------------|
| Title | TREASURER |
| Name | SHARLET, JAMES |
| Address | 7378 GREENPORT COVE |
| City-State-Zip: | BOYNTON BEACH FL 33437 |

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

| | |
|-----------------|------------------------|
| Title | SECRETARY |
| Name | SHERMAN, WALLIS |
| Address | 7475 MAPLE RIDGE TRAIL |
| City-State-Zip: | BOYNTON BEACH FL 33437 |

| | |
|-----------------|------------------------|
| Title | ASST. SECRETARY |
| Name | BROWN, LESLIE |
| 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

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date