

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003817

**FILED**  
**Jan 29, 2014**  
**Secretary of State**  
**CC9531554180**

**Entity Name:** PALM POINTE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

8390 CHAMPIONS GATE BLVD. #304  
CHAMPIONS GATE, FL 33896

**Current Mailing Address:**

8390 CHAMPIONS GATE BLVD. #304  
CHAMPIONS GATE, FL 33896

**FEI Number:** 20-2702791

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AEGIS COMMUNITY MANAGEMENT SOLUTIONS,INC.  
8390 CHAMPIONS GATE BLVD.  
#304  
CHAMPIONS GATE, FL 33896 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	DS	Title	DVPT
Name	ARAGUNAS, JEREMIAH	Name	NOLAN, WILLIAM
Address	8390 CHAMPIONS GATE BLVD. #304	Address	8390 CHAMPIONS GATE BLVD. #304
City-State-Zip:	CHAMPIONS GATE FL 33896	City-State-Zip:	CHAMPIONS GATE FL 33896

*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:** JEREMIAH ARAGUNAS

**PRESIDENT**

**01/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date