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: SHANNAN KOLBE

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

SMITH BIGMAN BROCK, PA 444 SEACREEZE BLVD STE 900 DAYTONA BEACH, FL 32118 US

City-State-Zip: PALM COAST FL 32135

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.

		0	0, ,			
SIGNATURE:	FRANK S. GANZ, ESQ.			01/27/2022		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title F	PRESIDENT	Title	SECRETARY, TREASURER			
Name K	KOLBE, SHANNAN	Name	CAMPBELL, ROBERT R			
Address F	POST OFFICE BOX 350988	Address	P.O. BOX 350988			

2022 FLORIDA	NOT FOR PR	OFIT CORPORATIC	ON ANNUAL REPORT

DOCUMENT# N0500003817

Entity Name: PALM POINTE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

4600 E. MOODY BLVD. BUNNELL, FL 32110

Current Mailing Address:

P.O. BOX 350988 PALM COAST, FL 32135 US

FEI Number: 20-2702791

Certificate of Status Desired: No

City-State-Zip: PALM COAST FL 32135

PRESIDENT

Date

01/27/2022

FILED Jan 27, 2022 Secretary of State 1441901108CC