

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009774

**Entity Name:** LATITUDE DELRAY MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CAROLINA MANAGEMENT SERVICES, INC.  
6778 LANTANA ROAD SUITE 9  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O CAROLINA MANAGEMENT SERVICES, INC.  
P. O. BOX 740425  
BOYNTON BEACH, FL 33474 US

**FEI Number:** 20-3745752

**Certificate of Status Desired:** No

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

KONYK & LEMME, PLLC  
140 INTRACOASTAL POINTE DRIVE  
SUITE 310  
JUPITER, FL 33477 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:** CHELLE KONYK

03/24/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name WHITE, LAURIE  
Address P.O. BOX 740425  
City-State-Zip: BOYNTON BEACH FL 33474

Title DIRECTOR  
Name GORMLEY, TOM  
Address P.O. BOX 740425  
City-State-Zip: BOYNTON BEACH FL 33474

Title VP  
Name LOPEZ, RICHARD  
Address P.O. BOX 740425  
City-State-Zip: BOYNTON BEACH FL 33474

Title TREASURER  
Name RICHMAN, FRANK  
Address P.O. BOX 740425  
City-State-Zip: BOYNTON BEACH FL 33474

Title PRESIDENT  
Name QUINTERO, STELLA  
Address P.O. BOX 740425  
City-State-Zip: BOYNTON BEACH FL 33474

*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:** STELLA QUINTERO

PRESIDENT

03/24/2025

Electronic Signature of Signing Officer/Director Detail

Date