

2021 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.
3646 23RD AVENUE SOUTH SUITE 109
LAKE WORTH, FL 33461**Current Mailing Address:**C/O CAROLINA MANAGEMENT SERVICES, INC.
3646 23RD AVENUE SOUTH SUITE 109
LAKE WORTH, FL 33461 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

03/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	MACDONALD, FIONA
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	TROISI, PETER
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

03/19/2021

Electronic Signature of Signing Officer/Director Detail

Date