

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001750

**FILED**  
**Feb 22, 2017**  
**Secretary of State**  
**CC5287043050**

**Entity Name:** STOREY LAKE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ICON MANAGEMENT SERVICES  
4654 STATE ROAD 64 EAST BOX 503  
BRADENTON, FL 34208

**Current Mailing Address:**

C/O ICON MANAGEMENT SERVICES  
4654 STATE ROAD 64 EAST BOX 503  
BRADENTON, FL 34208 US

**FEI Number:** 47-3389687

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PD  
Name BARR, MICHELLE  
Address C/O ICON MANAGEMENT SERVICES  
4654 STATE ROAD 64 EAST BOX 503  
City-State-Zip: BRADENTON FL 34208

Title VSD  
Name BONIN, ROB  
Address C/O ICON MANAGEMENT SERVICES  
4654 STATE ROAD 64 EAST BOX 503  
City-State-Zip: BRADENTON FL 34208

Title TD  
Name CATANZARITI, JOE JR.  
Address 8390 CHAMPIONSGATE BOULEVARD  
#110  
City-State-Zip: CHAMPIONSGATE 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:** MICHELLE BARR

**PRESIDENT**

**02/22/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date