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: HOWARD KONETZ	PRESIDENT	05/20/2020		

#### DOCUMENT# N27484

### Entity Name: MEDITERRANEAN VILLAGE MASTER ASSOCIATION, INC.

# **Current Principal Place of Business:**

3700 ISLAND BOULEVARD OFFICE AVENTURA, FL 33160

# **Current Mailing Address:**

3700 ISLAND BOULEVARD OFFICE AVENTURA, FL 33160 US

#### FEI Number: 65-0071231

## Name and Address of Current Registered Agent:

KOPELOWITZ OSTROW, P.A. 200 EAST PALMETTO PARK ROAD SUITE 103 BOCA RATON, FL 33432 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	E JOSHUA D. KRUT			05/20/2020	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	VP	Title	PRESIDENT		
Name	KRAMER, SCOTT	Name	KONETZ, HOWARD		
Address	3700 ISLAND BLVD. OFFICE	Address	3700 ISLAND BLVD OFFICE		
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA FL 33160		
Title	TREASURER, SECRETARY	Title	DIRECTOR		
Name	ZIEFER, SAM	Name	BEHAR, ARTHUR		
Address	3700 ISLAND BLVD. OFFICE	Address	3700 ISLAND BLVD. OFFICE		
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA FL 33160		
Title	DIRECTOR				
Name	LEMONT, HARVEY				
Address	3700 ISLAND BLVD OFFICE				
City-State-Zip:	AVENTURA FL 33160				

SIGNATURE: HOWARD KONETZ

Electronic Signature of Signing Officer/Director Detail

FILED May 20, 2020 Secretary of State 1023376995CC

Certificate of Status Desired: No

Date