

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40536

**Entity Name:** V.D.L. MASTER ASSOCIATION, INC.**Current Principal Place of Business:**1617 N FLAGLER DR  
W. PALM BEACH, FL 33407**Current Mailing Address:**1617 N FLAGLER DR  
W. PALM BEACH, FL 33407**FEI Number:** 65-0231390**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SALATA, KATHLEEN  
225 SOUTHERN BLVD  
STE 202  
WEST PALM BEACH, FL 33405 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	T
Name	SCHWARTZ, RICHARD
Address	1617 N FLAGLER DR APT 5A
City-State-Zip:	W. PALM BEACH FL 33407

Title	DIRECTOR
Name	BITTING, REINE
Address	1617 NORTH FLAGLER DRIVE APT 1A
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP
Name	FEENEY, JAMES
Address	1617 NORTH FLAGLER DRIVE APT LPH 02
City-State-Zip:	WEST PALM BEACH FL 33407

Title	PRESIDENT
Name	PAPPAS, MARYALICE
Address	1617 NORTH FLAGLER DRIVE APT 4A
City-State-Zip:	WEST PALM BEACH FL 33407

Title	SECRETARY
Name	GONZALEZ, TWAIN
Address	1617 NORTH FLAGLER DR APT 503
City-State-Zip:	WEST PALM BEACH FL 33407

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:** MARY ALICE PAPPAS

PRES

04/27/2016

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