

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005523

Entity Name: THE PLUMS MASTER ASSOCIATION, INC.**Current Principal Place of Business:**299 WEST CAMINO GARDENS BLVD
#203
BOCA RATON, FL 33432**Current Mailing Address:**299 WEST CAMINO GARDENS BLVD
#203
BOCA RATON, FL 33432 US**FEI Number:** 65-0455827**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DRIVE
SUITE 329
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	T
Name	LEE, LARRY
Address	299 WEST CAMINO GARDENS BLVD #203
City-State-Zip:	BOCA RATON FL 33432

Title	VP
Name	RUBINO, MICHAEL
Address	299 WEST CAMINO GARDENS BLVD #203
City-State-Zip:	BOCA RATON FL 33432

Title	P
Name	FRISCIA, DONNA
Address	299 WEST CAMINO GARDENS BLVD #203
City-State-Zip:	BOCA RATON FL 33432

Title	D
Name	MCCALLA, YAMARIS
Address	299 WEST CAMINO GARDENS BLVD #203
City-State-Zip:	BOCA RATON FL 33432

Title	S
Name	SHEEDY, MERRILL
Address	299 WEST CAMINO GARDENS BLVD #203
City-State-Zip:	BOCA RATON FL 33432

Title	D
Name	VICTORIA, CEASAR
Address	299 WEST CAMINO GARDENS BLVD #203
City-State-Zip:	BOCA RATON FL 33432

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: DONNA FRISCIA**PRESIDENT****04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date