

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00774

Entity Name: RESIDENTS ASSOCIATION OF MAS VERDE, INC.**Current Principal Place of Business:**RAM C/O JOAN JOHNSON
33 RICKS DR
LAKE WORTH, FL 33463**Current Mailing Address:**RAM C/O JOAN JOHNSON
33 RICKS DR
LAKE WORTH, FL 33463 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, JOAN E
RAM C/O JOAN JOHNSON
33 RICKS DR
LAKE WORTH, FL 33463 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:** JOAN ELIZABETH JOHNSON

02/06/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	OLIVIER, DANIEL
Address	80 BRIDGETTE BLVD
City-State-Zip:	LAKE WORTH FL 33463

Title	VP
Name	MOLISZEWSKI, LEO
Address	82 BRIDGETTE BLVD
City-State-Zip:	LAKE WORTH FL 33463

Title	SECRETARY/TREASURER
Name	JOHNSON, JOAN
Address	33 RICKS DRIVE
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	RACINE, ROBERT
Address	84 BRIDGETTEVBLVD
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	BROUILLETTE, RHEAL
Address	83 BRIDGETTE BLVD
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	FINLEY, TIMOTHY
Address	46 LISA LANE
City-State-Zip:	LAKE WOTH FL 33463

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: JOAN JOHNSON**SECRETARY/TREASURER** 02/06/2016

Electronic Signature of Signing Officer/Director Detail

Date