

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001980

Entity Name: CALUSA PALMS MASTER ASSOCIATION, INC.**Current Principal Place of Business:**C/O SEACREST SOUTHWEST
1044 CASTELLO DR STE 206
NAPLES, FL 34103**Current Mailing Address:**C/O SEACREST SERVICES
1044 CASTELLO DR STE 206
NAPLES, FL 34103 US**FEI Number: 33-1085558****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEACREST SOUTHWEST
1044 CASTELLO DR STE 206
NAPLES, FL 34103 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:** BRYAN FOWLER**03/27/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	IVETIC, MICHAEL
Address	C/O SEACREST SERVICES 1044 CASTELLO DR STE 206
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	KIELY, JILL
Address	C/O SEACREST SERVICES 1044 CASTELLO DR STE 206
City-State-Zip:	NAPLES FL 34103

Title	TREASURER
Name	PARKER , KIMBALL
Address	C/O SEACREST SOUTHWEST 1044 CASTELLO DR STE 206
City-State-Zip:	NAPLES FL 34103

Title	PRESIDENT
Name	MAULDIN , ROBERT
Address	C/O SEACREST SOUTHWEST 1044 CASTELLO DR STE 206
City-State-Zip:	NAPLES FL 34103

Title	VP
Name	FREGREAU , BERNARD
Address	C/O SEACREST SOUTHWEST 1044 CASTELLO DR STE 206
City-State-Zip:	NAPLES FL 34103

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: ROBERT MAULDIN**PRESIDENT****03/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date