## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008687

Entity Name: DEERWOOD PLACE MASTER ASSOCIATION, INC.

FILED
May 01, 2023
Secretary of State
5085096096CC

## **Current Principal Place of Business:**

C/O PLAZA PROPERTY SERVICES 2365 RIVERSIDE AVE JACKSONVILLE, FL 32204

## **Current Mailing Address:**

C/O PLAZA PROPERTY SERVICES 2365 RIVERSIDE AVE JACKSONVILLE, FL 32204 US

FEI Number: 20-1561450 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BEAUDOIN, ANDREW J C/O PLAZA PROPERTY SERVICES 2365 RIVERSIDE AVE JACKSONVILLE, FL 32204 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: ANDREW J BEAUDOIN 05/01/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title DIRECTOR

Name FLETCHER, JOHN Name MAKANJI, RAAKESH

Address C/O PLAZA PROPERTY SERVICES Address C/O PLAZA PROPERTY SERVICES

2365 RIVERSIDE AVE 2365 RIVERSIDE AVE

City-State-Zip: JACKSONVILLE FL 32204 City-State-Zip: JACKSONVILLE FL 32204

Title TREASURER Title DIRECTOR

Name GREGORY, BRENT Name GONZALEZ, KRISTINA

Address C/O PLAZA PROPERTY SERVICES Address C/O PLAZA PROPERTY SERVICES

2365 RIVERSIDE AVE 2365 RIVERSIDE AVE

City-State-Zip: JACKSONVILLE FL 32204 City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR Title SECRETARY

Name CHERYL, CLINTON Name GLASGOW, SHIRLEY

Address C/O PLAZA PROPERTY SERVICES Address C/O PLAZA PROPERTY SERVICES

2365 RIVERSIDE AVE 2365 RIVERSIDE AVE

City-State-Zip: JACKSONVILLE FL 32204 City-State-Zip: JACKSONVILLE FL 32204

Title VP

Name MONDS, CALVIN

Address C/O PLAZA PROPERTY SERVICES

2365 RIVERSIDE AVE

City-State-Zip: JACKSONVILLE FL 32204

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: JOHN FLETCHER PRESIDENT 05/01/2023