

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011421

**Entity Name:** AVILA AT PALENCIA MASTER ASSOCIATION, INC.**Current Principal Place of Business:**1648 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34952**Current Mailing Address:**1648 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34952 US**FEI Number:** 20-2000270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATSON ASSOCIATION MANAGEMENT, LLC  
1648 SE PORT ST LUCIE BLVD  
PORT ST. LUCIE, FL 34952 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:** MICHELLE A FIGUEROA

04/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAEDEL, JAMES  
Address        1648 SE PORT ST LUCIE BLVD  
City-State-Zip: PORT ST. LUCIE FL 34952

Title            VP  
Name            CROCKER, CAROLE  
Address        1648 SE PORT ST LUCIE BLVD  
City-State-Zip: PORT ST. LUCIE FL 34952

Title            SECRETARY, TREASURER  
Name            DEEN, JOHN  
Address        1648 SE PORT ST LUCIE BLVD  
City-State-Zip: PORT ST. LUCIE FL 34952

Title            DIRECTOR  
Name            WILES, DONALD  
Address        1648 SE PORT ST LUCIE BLVD  
City-State-Zip: PORT ST. LUCIE FL 34952

Title            DIRECTOR  
Name            LOCAS, DOMINIQUE  
Address        1648 SE PORT ST LUCIE BLVD  
City-State-Zip: PORT ST. LUCIE FL 34952

*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:** JAMES MAEDEL

PRESIDENT

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date