

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003046

**Entity Name:** VILLAGE WALK MASTER HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 15, 2016**  
**Secretary of State**  
**CC9373196227**

**Current Principal Place of Business:**

1805 SW 90TH AVE  
MIRAMAR, FL 33025

**Current Mailing Address:**

1805 SW 90TH AVE  
MIRAMAR, FL 33025 US

**FEI Number: 20-4521287**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STEVEN KATZ, ESQ  
7154 N. UNIVERSITY DRIVE  
SUITE 319  
TAMARAC, FL 33321 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            PRESIDENT  
Name            WILSON, SHERRYANN  
Address        1805 SW 90TH AVE  
City-State-Zip: MIRAMAR FL 33025

Title            VP  
Name            LOPERA, CARLOS  
Address        1805 SW 90TH AVE  
City-State-Zip: MIRAMAR FL 33025

Title            SECRETARY / TREASURER  
Name            LATOUCHE, CLEOPATRA  
Address        1805 SW 90TH AVE  
City-State-Zip: MIRAMAR FL 33025

*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: SHERRYANN WILSON**

**PRESIDENT**

**03/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date