

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005932

Entity Name: WESTON 55 PLUS MASTER ASSOCIATION, INC.**Current Principal Place of Business:**16102 EMERALD ESTATES DRIVE
WESTON, FL 33331**Current Mailing Address:**C/O CASTLE GROUP
12270 SW 3RD STREET #200
PLANTATION, FL 33325 US**FEI Number:** 20-5939144**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIEGFRIED, RIVERA, HYMAN, DE LA TORRE, MARS & SOBEL
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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:** SIEGFRIED, RIVERA, HYMAN, DE LA TORRE, MARS AND SOBEL**04/16/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SENER, ALVIN
Address	16102 EMERALD ESTATES DR. #401
City-State-Zip:	WESTON FL 33331

Title	SECRETARY
Name	MENA, TANIA
Address	16101 EMERALD ESTATES DR. #239
City-State-Zip:	WESTON FL 33331

Title	VP
Name	SASSE, MARGE
Address	16135 EMERALD ESTATES DR. #168
City-State-Zip:	WESTON FL 33331

Title	DIRECTOR
Name	PEARLMAN, CHARLES
Address	16102 EMERALD ESTATES DR. #411
City-State-Zip:	WESTON FL 33331

Title	TREASURER
Name	KRON, RICHARD
Address	16107 EMERALD ESTATES DR.
City-State-Zip:	WESTON FL 33331

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: ALVIN SENTER**PRESIDENT****04/16/2025**

Electronic Signature of Signing Officer/Director Detail

Date