

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009193

**Entity Name:** BIRD WINGATE MASTER ASSOCIATION,INC.

**Current Principal Place of Business:**

4300 SW 73 AVENUE  
SUITE 107  
MIAMI, FL 33155

**Current Mailing Address:**

4300 SW 73 AVENUE  
SUITE 107  
MIAMI, FL 33155

**FEI Number:** 20-8856520

**Certificate of Status Desired:** No

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

CRUZ, JOSEPHINE  
4300 SW 73RD AVE STE 107  
MIAMI, FL 33155 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 PD  
Name SMITH, ALAN  
Address 4300 SW 73 AVENUE SUITE 107  
City-State-Zip: MIAMI FL 33155

Title VPTD  
Name CRUZ, JOSEPHINE  
Address 4300 SW 73 AVENUE SUITE 107  
City-State-Zip: MIAMI FL 33155

Title SD  
Name TKACH, CONRAD  
Address 4300 SW 73 AVENUE SUITE 107  
City-State-Zip: MIAMI FL 33155

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:** ALAN SMITH

PD

04/22/2015

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

\_\_\_\_\_  
Date