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: KIM BARGER

Electronic Signature of Signing Officer/Director Detail

# 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N06000011918

Entity Name: ICOT CENTER MASTER ASSOCIATION, INC.

#### Current Principal Place of Business:

14499 N. DALE MABRY HWY C/O CIMINELLI REAL ESTATE SERVICES OF FL 200 TAMPA, FL 33618

## **Current Mailing Address:**

14499 N. DALE MABRY HWY C/O CIMINELLI REAL ESTATE SERVICES OF F 200 TAMPA, FL 33618 US

## FEI Number: 20-5895683

## Name and Address of Current Registered Agent:

WILLIAMSON, STEVEN A 911 CHESTNUT STREET CLEARWATER, FL 33756 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

## Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	BARGER, KIM	Name	DAVIAU, TODD
Address	P.O. BOX 23088	Address	13501 ICOT BLVD
City-State-Zip:	TAMPA FL 33623	City-State-Zip:	CLEARWATER FL 33760
Title	SECRETARY, TREASURER		
Name	RUBIN, LESLIE A		
Address	5795 ULMERTON ROAD SUITE 100		
City-State-Zip:	CLEARWATER FL 33760		

PRESIDENT

04/15/2021

Date

FILED Apr 15, 2021 Secretary of State 5570694269CC

Certificate of Status Desired: Yes

Date