

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006119

Entity Name: PALMER OAKS MASTER ASSOCIATION, INC.**Current Principal Place of Business:**C/O LIGHTHOUSE PROPERTY MGMT
16 CHURCH ST
OSPREY, FL 34229**Current Mailing Address:**C/O LIGHTHOUSE PROPERTY MGMT
16 CHURCH ST
OSPREY, FL 34229 US**FEI Number:** 26-0586945**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**APPLETON, ERIC N ESQ
C/O APPLETON REISS
501 E. KENNEDY BLVD. SUITE 802
TAMPA, FL 33602 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	TREASURER
Name	MASTROCINQUE, JOSEPH
Address	C/O LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST
City-State-Zip:	OSPREY FL 34229

Title	PRESIDENT
Name	HILTON, BARBARA
Address	C/O LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST
City-State-Zip:	OSPREY FL 34229

Title	DIRECTOR
Name	CAMPAGNA, CAMILE
Address	C/O LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST
City-State-Zip:	OSPREY FL 34229

Title	SECRETARY
Name	MCKALLIP, AMY
Address	C/O LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229

Title	VP
Name	FAULKNER, STEVEN
Address	C/O LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST
City-State-Zip:	OSPREY FL 34229

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: BARBARA HILTON

PRESIDENT

04/08/2021

Electronic Signature of Signing Officer/Director Detail_____
Date