

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N11000004368

**Entity Name:** LAUREATE PARK MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

10807 SW TRADITION SQUARE  
PORT ST. LUCIE, FL 34987

**Current Mailing Address:**

10807 SW TRADITION SQUARE  
PORT ST. LUCIE, FL 34987

**FEI Number:** 45-2727736

**Certificate of Status Desired:** No

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

FISHKIND & ASSOCIATES, INC.  
12051 CORPORATE BLVD  
ORLANDO, FL 32817 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 ADAMS, ROBERT B  
Address 6900 TAVISTOCK LAKES BLVD  
#200  
City-State-Zip: ORLANDO FL 32827

Title SECRETARY, TREASURER  
Name IRELAND, RALPH  
Address 6900 TAVISTOCK LAKES BLVDQ  
#200  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name PEEK, SCOTT JR.  
Address 6900 TAVISTOCK LAKES BLVD  
#200  
City-State-Zip: ORLANDO FL 32827

Title VP  
Name THOMPSON , ROBERT  
Address 6900 TAVISTOCK LAKES BLVD  
#200  
City-State-Zip: ORLANDO FL 32827

*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:** ROBERT ADAMS

**PRESIDENT**

**01/31/2017**

Electronic Signature of Signing Officer/Director Detail

Date