

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 PRESIDENT, DIRECTOR
Name ADAMS, ROBERT B
Address 6900 TAVISTOCK LAKES BLVD
 #200
City-State-Zip: ORLANDO FL 32827

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

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

Title VP, DIRECTOR
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

05/04/2017

Electronic Signature of Signing Officer/Director Detail

Date