

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010650

**FILED  
Mar 24, 2023  
Secretary of State  
9912833973CC**

**Entity Name:** RAFFIA PRESERVE MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ASSOCIA GULF COAST  
9887 4TH STREET N SUITE 104  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

C/O ASSOCIA GULF COAST  
9887 4TH STREET N SUITE 104  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 46-4594564

**Certificate of Status Desired:** No

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

ASSOCIA GULF COAST  
9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 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:** ANNETTE BYRD

03/24/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KURTZ, ROBERT  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            WHEELER, DONALD K  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title            SECRETARY  
Name            FELDMAN, REBECCA JILL  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title            VP  
Name            SKINNER, STEVEN  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            VAVRICKA, VICTORIA  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** KURTZ , ROBERT

**PRESIDENT**

03/24/2023

Electronic Signature of Signing Officer/Director Detail

Date