

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000006095

Entity Name: LE REVE MASTER ASSOCIATION, INC.**Current Principal Place of Business:**6965 PIAZZA GRANDE AVENUE
SUITE 415
ORLANDO, FL 32835**Current Mailing Address:**6965 PIAZZA GRANDE AVENUE
SUITE 415
ORLANDO, FL 32835 US**FEI Number:** 35-2564756**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LLEB AGENT SERVICES, INC.
111 N MAGNOLIA AVENUE
SUITE 1400 SUITE 200
ORLANDO, FL 32801 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:** LORIE FULKES

03/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D, VP, VS
Name	SCOZZAFAVE, DENISE GRANGNANI
Address	6965 PIAZZA GRANDE AVENUE SUITE 415
City-State-Zip:	ORLANDO FL 32835

Title	D, VP, T
Name	FRANZESE, MARCIA C
Address	6965 PIAZZA GRANDE AVENUE SUITE 415
City-State-Zip:	ORLANDO FL 32835

Title	D, P
Name	FRANZESE, THIAGO
Address	6965 PIAZZA GRANDE AVE SUITE 415
City-State-Zip:	ORLANDO FL 32835

Title	VP/S
Name	JOHNSON, MICHELLE
Address	6965 PIAZZA GRANDE AVENUE
City-State-Zip:	ORLANDO FL 32835

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: THIAGO FRANZESE

PRESIDENT

03/17/2021

Electronic Signature of Signing Officer/Director Detail

Date