

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006753

**Entity Name:** AVENIR MASTER PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**4635319637CC**

**Current Principal Place of Business:**

550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134-5730

**Current Mailing Address:**

550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134-5730 US

**FEI Number: 81-3240497**

**Certificate of Status Desired: No**

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

ECKSTEIN SCHECHTER, ROSA ESQ.  
550 BILTMORE WAY, SUITE 1110  
CORAL GABLES, FL 33134-5730 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  
Name            SERVIANSKY, DAVID  
Address        550 BILTMORE WAY, SUITE 1110  
City-State-Zip: CORAL GABLES FL 33134-5730

Title            VP  
Name            SCHECHTER, ROSA ECKSTEIN  
Address        550 BILTMORE WAY, SUITE 1110  
City-State-Zip: CORAL GABLES FL 33134-5730

Title            SECRETARY AND TREASURER  
Name            MATO, MANUEL  
Address        550 BILTMORE WAY, SUITE 1110  
City-State-Zip: CORAL GABLES FL 33134-5730

Title            CFO  
Name            CEPERO, VIRGINIA  
Address        550 BILTMORE WAY, SUITE 1110  
City-State-Zip: CORAL GABLES FL 33134-5730

*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: DAVID SERVIANSKY**

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date