2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N19000005087

Entity Name: SILVERLEAF MASTER OWNERS ASSOCIATION, INC.

FILED May 10, 2024 **Secretary of State** 5933730401CC

Current Principal Place of Business:

112 N PONCE DE LEON BLVD

UNIT C

SAINT AUGUSTINE, FL 32084

Current Mailing Address:

P.O. BOX 1389

ST. AUGUSTINE, FL 32085 US

FEI Number: 84-2497326 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALSOP PROPERTY MANAGEMENT LLC 112 N PONCE DE LEON BLVD **UNIT C** SAINT AUGUSTINE, FL 32084 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: JANEEN L RAULERSON 05/10/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER**

HUTSON, TREVOR CUNNINGHAM, BEVERLY Name Name

P.O. BOX 1389 Address P.O. BOX 1389 Address

City-State-Zip: City-State-Zip: ST. AUGUSTINE FL 32085 ST. AUGUSTINE FL 32085

Title **SECRETARY** Title VΡ

Name HUTSON, CODY Name BRYAN, KIM Address P.O. BOX 1389

P.O. BOX 1389 Address

ST. AUGUSTINE FL 32085 City-State-Zip: City-State-Zip: ST. AUGUSTINE FL 32085

Title **AGENT**

Name TARASENKO, SHANTEL

Address P.O. BOX 1389

ST. AUGUSTINE FL 32085 City-State-Zip:

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: SHANTEL TARASENKO

AGENT

05/10/2024