

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30498

**Entity Name:** WINDWARD MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DAVENPORT PROPERTY MGMT.  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O DAVENPORT PROPERTY MGMT.  
6620 LAKE WORTH RD. SUITE F  
LAKE WORTH, FL 33467 US

**FEI Number:** 65-0124522

**Certificate of Status Desired:** No

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

MICHAEL CHAPNICK, PA  
SACHS SAX CAPLAN  
6111 BROKEN SOUND PKWY., NW  
BOCA RATON, FL 33487 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:** MICHAEL CHAPNICK

04/05/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TOMASIK, MIKE  
Address        C/O DAVENPORT PROPERTY MGMT.  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name            HILL, LAWRENCE  
Address        C/O DAVENPORT PROPERTY MGMT.  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

Title            SECRETARY  
Name            MARINO, EDA  
Address        C/O DAVENPORT PROPERTY MGMT.  
                  6620 LAKE WORTH RD. SUITE F  
City-State-Zip: LAKE WORTH FL 33467

*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:** MIKE TOMASIK

PRESIDENT

04/05/2021

Electronic Signature of Signing Officer/Director Detail

Date