

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39445

**Entity Name:** BLUEGRASS LAKES COMMUNITY MASTER ASSOCIATION, INC.**FILED**  
**Jan 30, 2020**  
**Secretary of State**  
**9342134965CC****Current Principal Place of Business:**11784 WEST SAMPLE ROAD  
#103  
CORAL SPRINGS , FL 33065**Current Mailing Address:**11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065 US**FEI Number: 65-0831855****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**UNITED COMMUNITY MANAGEMENT CORP.  
11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065 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:** UNITED COMMUNITY MANAGEMENT CORP.

01/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** PAGAN, CARLOS  
**Address** 11784 WEST SAMPLE ROAD #103  
**City-State-Zip:** CORAL SPRINGS FL 33065**Title** SECRETARY  
**Name** BURGESS , ANDREW  
**Address** 11784 WEST SAMPLE ROAD  
#103  
**City-State-Zip:** CORAL SPRINGS FL 33065**Title** DIRECTOR  
**Name** TALBOT , CARLTON  
**Address** 11784 WEST SAMPLE ROAD  
#103  
**City-State-Zip:** CORAL SPRINGS FL 33065**Title** DIRECTOR  
**Name** MAITLAND, JANET  
**Address** 11784 WEST SAMPLE ROAD  
#103  
**City-State-Zip:** CORAL SPRINGS FL 33065**Title** VP  
**Name** BRYANT, LINDA  
**Address** 11784 WEST SAMPLE ROAD #103  
**City-State-Zip:** CORAL SPRINGS FL 33065**Title** DIRECTOR  
**Name** BUTLER , JACK  
**Address** 11784 WEST SAMPLE ROAD  
#103  
**City-State-Zip:** CORAL SPRINGS FL 33065**Title** TREASURER  
**Name** MEJIA, MARTIN  
**Address** 11784 WEST SAMPLE ROAD  
#103  
**City-State-Zip:** CORAL SPRINGS FL 33065

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:** PAGAN , CARLOS**PRESIDENT**

01/30/2020

Electronic Signature of Signing Officer/Director Detail

Date