3-3-95 A 1798-C

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N32640 (7)

1. Corporation Name

EMORY MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
EMORY RECREATIONAL CENTER, MEETING ROOM 2530 EMORY DRIVE EAST WEST PALM BEACH FL 33415	EMORY RECREATIONAL CENTER, MEETING ROOM 2530 EMORY DRIVE EAST WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1989
3a. Date of Last Report: 03/09/1994
4. FEI Number: 65-0138094 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WEISS, ALICE
2530 EMORY DRIVE EAST
2671 EMORY DRIVE EAST "F"
W. PALM BEACH 33415

10. Name and Address of New Registered Agent

81 Name: SCOTT, Estelle
82 Street Address (P.O. Box Number is Not Acceptable): 2530 Emory Dr. East
83: 2639 Emory Dr. W "A"
84 City: W. Palm Beach FL 85 Zip Code: 33415

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: ESTELLE C. SCOTT — Estelle C. Scott — 2-27-95
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	WEISS, ALICE	12 NAME		
STREET ADDRESS	2671 EMORY DR E VILLA F	13 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	14 CITY-ST-ZIP		
TITLE	DT	21 TITLE	DT	☒ Change ☐ Addition
NAME	GREEN, JACK	22 NAME	Johnson, Harriet	
STREET ADDRESS	2597 EMORY DR W VILLA D	23 STREET ADDRESS	2630 Emory Dr. E. "F"	
CITY-ST-ZIP	W. PALM BEACH FL	24 CITY-ST-ZIP	W. Palm Beach, FL	
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	SCOTT, ESTELLE	32 NAME	Ferrara, Louis	
STREET ADDRESS	2639 EMORY DR W, VILLA A	33 STREET ADDRESS	2671 Emory Dr. E. "A"	
CITY-ST-ZIP	W. PALM BEACH FL	34 CITY-ST-ZIP	W. Palm Beach, FL	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	PISANI, JOSEPH	42 NAME		
STREET ADDRESS	2766 EMORY DR E, VILLA J	43 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE	SD	☒ Change ☐ Addition
NAME	JOHNSON, HARRIET	52 NAME	Singer, Harry	
STREET ADDRESS	2630 EMORY DR E, VILLA F	53 STREET ADDRESS	2586 Emory Dr. E. "G"	
CITY-ST-ZIP	W. PALM BEACH FL	54 CITY-ST-ZIP	W. Palm Beach FL	
TITLE	D	61 TITLE	D	☐ Change ☒ Addition
NAME	SINGER, HARRY	62 NAME	Resnick, Milton	
STREET ADDRESS	2586 EMORY DR E, VILLA G	63 STREET ADDRESS	2717 Emory Dr. W. "C"	
CITY-ST-ZIP	W PALM BEACH FL	64 CITY-ST-ZIP	W. Palm Beach, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Estelle C. Scott — 2-27-95 — 768-0728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ESTELLE C. SCOTT

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