2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000151

FILED
Feb 23, 2015
Secretary of State
CC7467882702

Entity Name: AVE MARIA MASTER ASSOCIATION, INC.

Current Principal Place of Business:

5076 ANNUNCIATION CIRCLE
SUITE 103
AVE MARIA, FL 34142

Current Mailing Address:

5076 ANNUNCIATION CIRCLE
SUITE 103
AVE MARIA, FL 34142

FEI Number: 20-4979831

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GENSON, DAVID
2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105 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: DAVID GENSON 02/23/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	GENSON, DAVID
Address	2600 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34105

Title	SECRETARY/TREASURER
Name	LOPEZ, JAIME
Address	2600 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34105

Title	AMENITY COMMITTEE
Name	MARINELLI, CEE CEE
Address	2600 GOLDEN GATE PKWY
City-State-Zip:	NAPLES FL 34105

Title	AMENITY COMMITTEE
Name	YONALEY, BRIAN
Address	24311 WALDEN CENTER DR. 300
City-State-Zip:	BONITA SPRINGS FL 34134

Title	VP
Name	JOHN , ENGLISH
Address	2600 GOLDEN GATE PARKWAY
City-State-Zip:	NAPLES FL 34105

Title	AMENITY COMMITTEE
Name	BROOKS, SCOTT
Address	24311 WALDEN CENTER DR. 300
City-State-Zip:	BONITA SPRINGS FL 34134

Title	COMMUNITY MANAGER
Name	ROSALES, LUISA
Address	5076 ANNUNCIATION CIRCLE SUITE 103
City-State-Zip:	AVE MARIA FL 34142

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: LUISA ROSALES CAM 02/23/2015

Electronic Signature of Signing Officer/Director Detail — Date