

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25059

Entity Name: BARKLEY MASTER ASSOCIATION, INC.**Current Principal Place of Business:**BARKLEY RECREATIONAL CENTER
2605 BARKLEY DRIVE
WEST PALM BEACH, FL 33415**Current Mailing Address:**2950 JOG ROAD
GREENACRES, FL 33467**FEI Number:** 65-0040497**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAY STEVEN LEVINE LAW GROUP
3300 PGA BOULEVARD
SUITE 570
PALM BEACH GARDENS, FL 33410 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	INGALSBE, LEWIS
Address	2640 BARKLEY DRIVE EAST, #C
City-State-Zip:	WEST PALM BEACH FL 33415

Title	VD
Name	SALEY, FRANCIS
Address	2601 BARKLEY DRIVE WEST, #F
City-State-Zip:	WEST PALM BEACH FL 33415

Title	SD
Name	PETERSON, ELIZABETH
Address	5483 CRESTHAVEN BOULEVARD, #A
City-State-Zip:	WEST PALM BEACH FL 33415

Title	D
Name	ALGIERI, MICHAEL
Address	5063 CRESTHAVEN BOULEVARD, #G
City-State-Zip:	WEST PALM BEACH FL 33415

Title	D
Name	DI LUZIO, DAN
Address	2641 BARKLEY DRIVE WEST, #E
City-State-Zip:	WEST PALM BEACH FL 33415

Title	D
Name	VERSAGLI, JOSEPH
Address	2643 BARKLEY DRIVE EAST, #F
City-State-Zip:	WEST PALM BEACH FL 33415

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: LEWIS INGALSBE**PRESIDENT****04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date