

**2015 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:**DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVENUE SOUTH  
SUITE 400  
WEST PALM BEACH, FL 33409 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:** SCOTT STOLOFF

03/30/2015

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

Title TREASURER, DIRECTOR  
Name MAYO, PATRICIA  
Address 2950 JOG ROAD  
City-State-Zip: GREENACRES FL 33467

Title DIRECTOR  
Name COLLIN, ROGER  
Address 2621 BARKLEY DRIVE WEST, #D  
City-State-Zip: WEST PALM BEACH FL 33415

Title DIRECTOR  
Name WISEMAN, JAMES  
Address 2541 BARKLEY DRIVE WEST, #C  
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:** PATRICIA MAYO

TREASURER

03/30/2015

Electronic Signature of Signing Officer/Director Detail

Date