## 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N25059

Entity Name: BARKLEY MASTER ASSOCIATION, INC.

FILED
Apr 05, 2024
Secretary of State
4618195836CC

## **Current Principal Place of Business:**

2605 BARKLEY DRIVE

WEST PALM BEACH, FL 33415

## **Current Mailing Address:**

C/O CARVER GROUP ENTERPRISES 3070 S. JOG ROAD GREENACRES. FL 33467 US

FEI Number: 65-0040497 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

TORRES, FRANK 2605 BARKLEY DR W WEST PALM BEACH, FL 33415 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: FRANK TORRES 04/05/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, /DIRECTOR VILLA 12 Title TREASURER, / DIRECTOR VILLAS 9

Name TORRES, FRANK Name HEXTELL, DAVID

Address C/O CARVER GROUP ENTERPRISES Address C/O CARVER GROUP ENTERPRISES

3070 S. JOG ROAD 3070 S. JOG ROAD

City-State-Zip: GREENACRES FL 33467 City-State-Zip: GREENACRES FL 33467

Title VP, / DIRECTOR VILLA 11 Title DIRECTOR, VILLA 10

Name LATHAM, MARK Name TAMAYO, MIRZA

Address C/O CARVER GROUP ENTERPRISES Address C/O CARVER GROUP ENTERPRISES

3070 S. JOG ROAD 3070 S. JOG ROAD

City-State-Zip: GREENACRES FL 33467 City-State-Zip: GREENACRES FL 33467

Title DIRECTOR, VILLAS 13 Title DIRECTOR, VILLA 8

Name FLYNN, PAUL Name ZUBACK, CATHY

Address C/O CARVER GROUP ENTERPRISES Address C/O CARVER GROUP ENTERPRISES

3070 S. JOG ROAD 3070 S. JOG ROAD

City-State-Zip: GREENACRES FL 33467 City-State-Zip: GREENACRES FL 33467

Title SECRETARY

Name SWOPE, MICHAEL

Address C/O CARVER GROUP ENTERPRISES

3070 S. JOG ROAD

City-State-Zip: GREENACRES FL 33467

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: FRANK TORRES PRESIDENT 04/05/2024