2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N32640

Entity Name: EMORY MASTER ASSOCIATION, INC.

FILED Nov 01, 2023 Secretary of State 5437630353CC

Current Principal Place of Business:

EMORY MASTER ASSOCIATION, INC.

2530 EMORY DRIVE EAST MANAGEMENT OFFICE

WEST PALM BEACH, FL 33415

Current Mailing Address:

EMORY MASTER ASSOCIATION, INC. 2530 EMORY DRIVE EAST MANAGEMENT OFFICE WEST PALM BEACH, FL 33415 US

FEI Number: 65-0138094 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASSERSTEIN, P.A. 301 YAMATO ROAD, SUITE 2199 BOCA RATON, FL 33431 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: DANIEL WASSERSTEIN 11/01/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name BOURGEOIS, CLAUDE Name PINEDA, LEONOR

Address EMORY MASTER ASSOCIATION, INC. Address EMORY MASTER ASSOCIATION, INC.

2530 EMORY DRIVE EAST
MANAGEMENT OFFICE
2530 EMORY DRIVE EAST
MANAGEMENT OFFICE

ANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip: WEST PALM BEACH FL 33415 City-State-Zip: WEST PALM BEACH FL 33415

Title DIRECTOR Title DIRECTOR

Name BOSHNACK, MIKE Name DESJARDIN, KAREN

Address EMORY MASTER ASSOCIATION, INC. Address EMORY MASTER ASSOCIATION, INC.

2530 EMORY DRIVE EAST

MANAGEMENT OFFICE

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MANAGEMENT OFFICE

City-State-Zip: WEST PALM BEACH FL 33415 City-State-Zip: WEST PALM BEACH FL 33415

Title DIRECTOR Title SECRETARY

Name KERN, BERNADINE Name COSSETTE, MARTIN

Address EMORY MASTER ASSOCIATION, INC. Address EMORY MASTER ASSOCIATION, INC.

2530 EMORY DRIVE EAST 2530 EMORY DRIVE EAST

MANAGEMENT OFFICE MANAGEMENT OFFICE

City-State-Zip: WEST PALM BEACH FL 33415 City-State-Zip: WEST PALM BEACH FL 33415

Title TREASURER
Name BRANCATO, VITO

Address EMORY MASTER ASSOCIATION, INC.

2530 EMORY DRIVE EAST MANAGEMENT OFFICE

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: CLAUDE BOURGEOIS PRESIDENT 11/01/2023