

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32640

Entity Name: EMORY MASTER ASSOCIATION, INC.**FILED**
Feb 26, 2014
Secretary of State
CC6934110320**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:**ST. JOHN ROSSIN, PODESTA, BURR & LEMME, PLLC
CENTURION TOWER
1601 FORUM PLACE SUITE 700
WEST PALM BEACH, FL 33401 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:** CARI PODESTA

02/26/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	PERRI, OCTAVIO
Address	EMORY MASTER ASSOCIATION, INC. 2530 EMORY DRIVE EAST MANAGEMENT OFFICE
City-State-Zip:	WEST PALM BEACH FL 33415

Title	VP
Name	FELDHANDLER, FRANCINE
Address	EMORY MASTER ASSOCIATION, INC. 2530 EMORY DRIVE EAST MANAGEMENT OFFICE
City-State-Zip:	WEST PALM BEACH FL 33415

Title	SECRETARY
Name	BRANCATO, VITO
Address	EMORY MASTER ASSOCIATION, INC. 2530 EMORY DRIVE EAST MANAGEMENT OFFICE
City-State-Zip:	WEST PALM BEACH FL 33415

Title	TREASURER
Name	HEINZINGER, ANNE MARIE
Address	EMORY MASTER ASSOCIATION, INC. 2530 EMORY DRIVE EAST MANAGEMENT OFFICE
City-State-Zip:	WEST PALM BEACH FL 33415

Title	DIRECTOR
Name	BOSHACK, ELAINE
Address	EMORY MASTER ASSOCIATION, INC. 2530 EMORY DRIVE EAST MANAGEMENT OFFICE
City-State-Zip:	WEST PALM BEACH FL 33415

Title	DIRECTOR
Name	SOVA, ESTHER
Address	EMORY MASTER ASSOCIATION, INC. 2530 EMORY DRIVE EAST MANAGEMENT OFFICE
City-State-Zip:	WEST PALM BEACH FL 33415

Title	DIRECTOR
Name	PARENT, THERESE
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: VITO BRANCATO

SECRETARY

02/26/2014

