

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N32640

Entity Name: EMORY MASTER ASSOCIATION, INC.

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

05/04/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name KERN, BERNADINE
Address EMORY MASTER ASSOCIATION, INC.
 2530 EMORY DRIVE EAST
 MANAGEMENT OFFICE
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

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

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

Title DIRECTOR
Name FABRO, AMELIA
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

05/04/2023

