

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002124

FILED
Feb 21, 2009
Secretary of State

Entity Name: MAJORCA ISLES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1245 S. MILITARY TRAIL SUITE 100
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

1245 S. MILITARY TRAIL SUITE 100
DEERFIELD BEACH, FL 33442

New Mailing Address:

C/O CASTLE MANAGEMENT
PO BOX 559009
FORT LAUDERDALE, FL 33355

FEI Number: 20-5425637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: ALBERTSON, KARI
Address: 1245 S. MILITARY TRAIL SUITE 100
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: PD () Delete
Name: PAPADIMITRIOUS, AMALIA
Address: 1245 MILITARY TRAIL STE 100
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: STD () Delete
Name: BRADY, DAVID
Address: 1245 MILITARY TRAIL STE 100
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: ROCA, RAFAEL
Address: 1245 MILITARY TRAIL STE 100
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT A DONNELLY

MGR

02/21/2009

Electronic Signature of Signing Officer or Director

Date