

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007053

FILED
Jan 12, 2012
Secretary of State

Entity Name: EVERGLADES ISLE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

803 NORTH COLLIER AVE
EVERGLADES CITY, FL 34139

New Principal Place of Business:

Current Mailing Address:

PO BOX 5010
EVERGLADES CITY, FL 34139

New Mailing Address:

FEI Number: 27-1730205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MICHAEL A. BAVIELLO, JR., ESQUIRE
800 SEAGATE DRIVE
SUITE 204
NAPLES, FL 34103 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: DPT
Name: CONNOLLY, MARK L
Address: 800 SEAGATE DRIVE #204
City-St-Zip: NAPLES, FL 34103

Title: S
Name: CONNOLLY, SHIRLEY L
Address: 138 CYPRESS KNOLL
City-St-Zip: SEWICKLEY, PA 15143

Title: DVP
Name: BRUCE, JOHN L
Address: PO BOX 5010
City-St-Zip: EVERGLADES CITY, FL 34139

Title: D
Name: CONNOLLY, PAUL X
Address: 3188 COUNTRY CLUB DRIVE
City-St-Zip: MEDINA, OH 44256

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: MARK L CONNOLLY

PTD

01/12/2012

Electronic Signature of Signing Officer or Director

Date