

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002124

**Entity Name:** MAJORCA ISLES MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

21015 NW 14TH PL.  
MIAMI GARDEN , FL 33169

**Current Mailing Address:**

C/O ASSOCIATION SPECIALTY GROUP, LLC  
9050 PINES BLVD. SUITE 480  
PEMBROKE PINES , FL 33024 US

**FEI Number:** 20-5425637

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRYAN , MARLON  
C/O BRYAN LAW  
101 NE 3RD AVE. SUITE 1500  
FT. LAUDERDALE, FL 33301 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:** MARLON BRYAN

04/04/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOWARD, RAYON  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP, LLC  
                  9050 PINES BLVD. SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title            VICE PRESIDENT  
Name            FOWLER , TIMOTHY  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP, LLC  
                  9050 PINES BLVD. SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title            TREASURER  
Name            SMITH , DWAYNE  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP, LLC  
                  9050 PINES BLVD. SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title            SECRETARY  
Name            DESTINE, UDUAK  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP, LLC  
                  9050 PINES BLVD. SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

Title            DIRECTOR  
Name            WILSON , JESSE  
Address        C/O ASSOCIATION SPECIALTY  
                  GROUP, LLC  
                  9050 PINES BLVD. SUITE 480  
City-State-Zip: PEMBROKE PINES FL 33024

*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:** TIMOTHY FOWLER

VICE PRESIDENT

04/04/2019

Electronic Signature of Signing Officer/Director Detail

Date