

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002124

Entity Name: MAJORCA ISLES MASTER ASSOCIATION, INC.**Current Principal Place of Business:**

C/O REALMANAGE/ASG
9050 PINES BOULEVARD SUITE 480
PEMBROKE PINES, FL 33024

Current Mailing Address:

C/O REALMANAGE/ASG
P O BOX 803555
DALLAS, TX 75380 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

04/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HOWARD, RAYON
Address C/O REALMANAGE/ASG
 9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title VICE PRESIDENT
Name FOWLER , TIMOTHY
Address C/O REALMANAGE/ASG
 9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title TREASURER
Name SMITH , DWAYNE
Address C/O REALMANAGE/ASG
 9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title SECRETARY
Name DESTINE, UDUAK
Address C/O REALMANAGE/ASG
 9050 PINES BOULEVARD SUITE 480
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR
Name WILSON , JESSE
Address C/O REALMANAGE/ASG
 9050 PINES BOULEVARD 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: RAYON HOWARD

PRESIDENT

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date