

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007053

Entity Name: EVERGLADES ISLE MASTER ASSOCIATION, INC.**Current Principal Place of Business:**6001 SCHOONER ST.
BELLEVILLE, MI 48111**Current Mailing Address:**PO BOX 729
BELLEVILLE, MI 48112 US**FEI Number:** 27-1730205**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** JAMES M. HALPIN, ASST. SECRETARY

01/21/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name HELSEL, MARK
Address PO BOX 729
City-State-Zip: BELLEVILLE MI 48112

Title VP, DIRECTOR
Name HELSEL, MARK JR.
Address PO BOX 729
City-State-Zip: BELLEVILLE MI 48112

Title ASST. SECRETARY, ASST.
TREASURER, DIRECTOR
Name HELSEL, CHERRI
Address PO BOX 729
City-State-Zip: BELLEVILLE MI 48112

Title SECRETARY, DIRECTOR
Name MOSKAL, JAMES
Address PO BOX 729
City-State-Zip: BELLEVILLE MI 48112

Title TREASURER, DIRECTOR
Name NEWTON, JASON
Address PO BOX 729
City-State-Zip: BELLEVILLE MI 48112

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: JAMES A. MOSKAL**CORPORATE
SECRETARY**

01/21/2022

Electronic Signature of Signing Officer/Director Detail

Date