

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007053

Entity Name: EVERGLADES ISLE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

803 NORTH COLLIER AVE
EVERGLADES CITY, FL 34139

Current Mailing Address:

PO BOX 5010
EVERGLADES CITY, FL 34139

FEI Number: 27-1730205

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONNOLLY, MARK L
803 NORTH COLLIER AVE
P.O. BOX 5010
EVERGLADES CITY, FL 34139 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: MARK L CONNOLLY

03/15/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPT
Name CONNOLLY, MARK L
Address PO BOX 5010
City-State-Zip: EVERGLADES CITY FL 34139

Title D
Name CONNOLLY, PAUL X
Address PO BOX 5010
City-State-Zip: EVERGLADES CITY FL 34139

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

MGR

03/15/2017

Electronic Signature of Signing Officer/Director Detail

Date