

2014 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:

MICHAEL A. BAVIELLO, JR., ESQUIRE
800 SEAGATE DRIVE
SUITE 204
NAPLES, FL 34103 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DPT
Name CONNOLLY, MARK L
Address 800 SEAGATE DRIVE #204
City-State-Zip: NAPLES FL 34103

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

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

Title D
Name CONNOLLY, PAUL X
Address 3188 COUNTRY CLUB DRIVE
City-State-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

P

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date