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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005286

1. Corporation Name

GRAND HAVEN MASTER ASSOCIATION, INC.

Principal Place of Business

3 WATERIDE PKWY
PALM COAST FL 32137
US

Mailing Address

POB 354489
PALM COAST FL 32135
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/07/1995

4. FEI Number

59-3362792

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DEVORE, ROBERT D
3 WATERSIDE PKWY
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name **James T Cullis**
82 Street Address (P.O. Box Number is Not Acceptable)
3 Waterside Pkwy
83 **Palm Coast**
84 City **FL** 85 Zip Code **32137**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature] 2/23/99
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CULLIS, JAMES T**
STREET ADDRESS **3 WATERSIDE PKWY**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **PD** ☒ DELETE
NAME **GINN, EDWARD R III**
STREET ADDRESS **3 WATERSIDE PKWY**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **D** ☒ DELETE
NAME **DEVORE, ROBERT D**
STREET ADDRESS **3 WATERSIDE PKWY**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **V** ☒ DELETE
NAME **LEVY, JOSE**
STREET ADDRESS **3 WATERSIDE PKWY**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **T** ☐ DELETE
NAME **VERGANI, C**
STREET ADDRESS **3 WATERSIDE PKWY**
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Stewart Rickett** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **Stewart Rickett** ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **3 Waterside Pkwy**
2.4 CITY-ST-ZIP **Palm Coast, Fla. 32137**

3.1 TITLE **William Haussman** ☒ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **3 Waterside Pkwy**
3.4 CITY-ST-ZIP **Palm Coast, Fla. 32137**

4.1 TITLE **James Donche** ☒ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **3 Waterside Pkwy**
4.4 CITY-ST-ZIP **Palm Coast, Fla. 32137**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/99

CR2E037 (1/98)