2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State
07-22-2004 90003 011 ****61.25

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1. Entity Name
GRAND HAVEN MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5 SANDPIPER COURT PALM COAST, FL 32137 US	~~5 SANDPIPER COURT~~ ~~PALM COAST, FL 32137 US~~

07072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1699 U.S. 1 SOUTH, STE. D Suite, Apt. #, etc.
City & State	ST. AUGUSTINE, FL City & State
Zip / Country	32084 Zip / Country

4. FEI Number 59-3362792 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CULLIS, JAMES T ~~5 SANDPIPER COURT~~ ~~PALM COAST, FL 32137~~	Name Street Address (P.O. Box Number is Not Acceptable) C/O SEVERN TRENT SERVICES 1699 U.S. 1 SOUTH, STE. D City ST. AUGUSTINE FL Zip Code 32084

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CULLIS, JAMES T 5 SANDPIPER COURT PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAY SMITH 5 SANDPIPER CT. PALM COAST, FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GRAHAM, CHERYL 5 SANDPIPER CRT PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAN BOWMAN 5 SANDPIPER CT. PALM COAST, FL 32137	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAVENE, TOM 5 SAND PIPER CT PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARY STRZEPEK 5 SANDPIPER CT. PALM COAST, FL 32137	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CARBONARA, JOSEPH III 10161 CENTURION PARKWAY N, SUITE 190 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STIFFLER, TODD 5 SANDPIPER CRT PALM COAST, FL 32137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEDIMYER, ROB 5 SANDPIPER CRT PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/8/04 386-446-6428
~~SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~ Date Daytime Phone #