

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001619

1. Entity Name

GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90035 046 ****61.25

Principal Place of Business

Mailing Address

22151 SHOREWIND SR
BOCA RATON FL 33428
US

22151 SHOREWIND DR
BOCA RATON FL 33428-4707
US

2. Principal Place of Business

11585 Lake Isles Drive

3. Mailing Address

7100 W. Camino Real

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Boca Raton, FL

Zip

33414

Country

USA

Zip

33433

Country

USA

4. FEI Number

65-0742722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALYO, PAUL

~~22151 SHOREWIND DR~~
BOCA RATON FL ~~33428~~

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

7100 W. Camino Real #117

City

Boca Raton

FL

Zip 33433

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PTD ☒ Delete
NAME GOSSELIN, ANNETTE
STREET ADDRESS 12230 FOREST HILL BLVD.
CITY-ST-ZIP W. PALM BEACH FL 33414

TITLE VD ☒ Delete
NAME DREW, ROBERT
STREET ADDRESS 12230 FOREST HILL BLVD.
CITY-ST-ZIP W. PALM BEACH FL 33414

TITLE SD ☒ Delete
NAME HAMMOND, LEONA
STREET ADDRESS 2541 METROCENTRE #1
CITY-ST-ZIP W. PALM BEACH FL 33407

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Gary Cline
STREET ADDRESS 11175 Winding Pearl
CITY-ST-ZIP Wellington, FL 33414

TITLE VD ☒ Change ☐ Addition
NAME Raymond Cox
STREET ADDRESS 3651 Moon Bay Circle
CITY-ST-ZIP Wellington, FL 33414

TITLE ST ☒ Change ☐ Addition
NAME Joseph Rivello
STREET ADDRESS 11260 Edgewater Circle
CITY-ST-ZIP Wellington, FL 33414

TITLE SD ☐ Change ☒ Addition
NAME Morton Bramberg
STREET ADDRESS 11117 Alameda Bay Ct
CITY-ST-ZIP Wellington, FL 33414

TITLE D ☐ Change ☒ Addition
NAME Carl Lindenman
STREET ADDRESS 11319 Edgewater Circle
CITY-ST-ZIP Wellington, FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY CLINE

Date

Daytime Phone #

1/13/2000 362-7444

CR2E037 (9/99)