2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State
03-22-2002 90066 039 ****61.25

DOCUMENT # N31584

1. Entity Name

HALF MOON BAY MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7070 HALF MOON CIRCLE HYPOLUXO FL 33462	C/O GRS MANAGEMENT ASSOC., INC. 3900 WOOD LAKE BLVD., STE. 201 LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0086238 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EISENBERG, AL
107 HALF MOON CIRCLE
APT H-1
HYPOLUXO FL 33462

7. Name and Address of New Registered Agent

Name Becker & Poliakoff, P.A.
Street Address (P.O. Box Number is Not Acceptable)
500 Australian Ave 9th floor
City West Palm Beach FL Zip Code 33401

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 Peter C. Hollengarden (Attorney) DATE 4/8/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRL SCEPPA, JOHN J 108 HALF MOON CIRCLE #F1 LAKE WORTH FL 33462	☐ Delete	T/P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD EISENBERG, ALBERT J 107 HALF MOON CIRCLE H1 LAKE WORTH FL 33462	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRAUS, WALTER L 108 HALF MOON CIRLCE B1 LAKE WORTH FL 33462	☒ Delete	S/D Bueno, James 7020 Half moon Circle apt 409 Hypoluxo FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D. Leupp Bob 108F3 Half moon Circle Hypoluxo FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D DINOIA, Leonard 10742 HalfMoon Circle Hypoluxo, FL 33462	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Albert Eisenberg, Pres. 3/16/02 561-585-9485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #