

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90063 033 ****61.25

DOCUMENT # N96000001619

1. Entity Name
GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**11585 LAKE ISLES DR
WELLINGTON, FL 33414 US**

Mailing Address
**ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461 US**

40013933

2. Principal Place of Business

3. Mailing Address *46 Seavest Services*
2400 Centrepark W. Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 175

City & State

City & State

West Palm Beach FL

Zip

Country

Zip

Country

33409 USA

01052005

Chg-NP

CR2E037 (10/03)

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

**ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461**

7. Name and Address of New Registered Agent

Name

Richard S. Tolbert

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

1615 Forum Place, Suite 500

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

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

1/12/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **D** ☐ Delete
NAME **VERGONA, ROSE**
STREET ADDRESS **11477 BEACON POINTE LN.**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **VD** ☐ Delete
NAME **JENNEY, ~~AEATHA~~ Agatha**
STREET ADDRESS **3553 MIRAMONTES CIRCLE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **PD** ☐ Delete
NAME **TOLBERT, RICHARD**
STREET ADDRESS **3602 MOON BAY CIRCLE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **SD** ☐ Delete
NAME **MICHELE, THOMAS**
STREET ADDRESS **3587 MOON BAY CIRCLE**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE **TD** ☐ Delete
NAME **FERRARO, FRANK**
STREET ADDRESS **11620 WATERBEND CT.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33414**

TITLE **D** ☒ Delete
NAME **HOSSELE, JOSEPH**
STREET ADDRESS **3628 MIRAMONTES CIR.**
CITY-ST-ZIP **WELLINGTON, FL 33414**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **Steven Fogel**
STREET ADDRESS **3624 Miramontes Circle**
CITY-ST-ZIP **Wellington, FL 33414**

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]
Richard S. Tolbert

1-12-05

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR