

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31584

FILED
Mar 18, 2009
Secretary of State

Entity Name: HALF MOON BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

7070 HALF MOON CIRCLE
HYPOLUXO, FL 33462

New Principal Place of Business:

Current Mailing Address:

GRS MANAGEMENT ASSOC., INC.
3900 WOOD LAKE BLVD., STE. 309
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 65-0086238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P. A.
500 AUSTRALIA AVE
NINTH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF, P. A.
625 NORTH FLAGLER
SEVENTH FLOOR
WEST PALM BEACH, FL 33401 US

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:

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EISNABERG, ALBERT
Address: 7070 HALF MOON CIR
City-St-Zip: LAKE WORTH, FL 33462

Title: SD () Delete
Name: HARTMANN, WILLIAM
Address: 7070 HALF MOON CIR
City-St-Zip: HYPOLUXO, FL 33462

Title: TD () Delete
Name: HEMENWAY, TOM
Address: 7070 HALF MOON CIR
City-St-Zip: HYPOLUXO, FL 33462

Title: D () Delete
Name: MELI, ROBERT
Address: 707 HALF MOON CIR
City-St-Zip: LAKE WORTH, FL 33462

Title: VPD () Delete
Name: ROSS, NANCY
Address: 7070 HALF MOON CIR
City-St-Zip: LAKE WORTH, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MELI, ROBERT
Address: 707 HALF MOON CIR
City-St-Zip: LAKE WORTH, FL 33462

Title: D (X) Change () Addition
Name: ROSS, NANCY
Address: 7070 HALF MOON CIR
City-St-Zip: LAKE WORTH, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT EISENBERG

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date