

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31584

FILED  
Feb 04, 2010  
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.  
625 NORTH FLAGLER  
SEVENTH FLOOR  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D  
Name: ZARCONI, CARL  
Address: 7070 HALF MOON CIR  
City-St-Zip: LAKE WORTH, FL 33462

I hereby 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 all other like empowered.

SIGNATURE: ALBERT EISENBERG

PRES

02/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date