

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31584

Entity Name: HALF MOON BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

7070 HALF MOON CIRCLE
HYPOLUXO, FL 33462

Current Mailing Address:

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

FEI Number: 65-0086238

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VPD
Name LASKY, CHERYL
Address 3900 WOODLAKE BLVD.
SUITE # 309
City-State-Zip: GREEN ACERS FL 33463

Title TD
Name HEMENWAY, THOMAS
Address 3900 WOODLAKE BLVD.
SUITE # 309
City-State-Zip: GREEN ACERS FL 33463

Title PD
Name WEIR, CLARENCE
Address 3900 WOODLAKE BLVD.
SUITE # 309
City-State-Zip: GREEN ACERS FL 33463

Title D
Name LEUPP, ROBERT
Address 3900 WOODLAKE BLVD.
SUITE # 309
City-State-Zip: LAKE WORTH FL 33463

Title SD
Name SCEPPA, JOHN
Address 3900 WOODLAKE BLVD
309
City-State-Zip: LAKE WORTH FL 33463

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: CLARENCE WEIR

PRESIDENT

01/12/2017

Electronic Signature of Signing Officer/Director Detail

Date