

**2016 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**

**02/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date