

**2022 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	DIRECTOR
Name	PARKER, LARRY
Address	3900 WOODLAKE BLVD. SUITE # 309
City-State-Zip:	LAKE WORTH FL 33463

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

Title	TREASURER, SECRETARY
Name	BECKER, LARRY
Address	3900 WOODLAKE BLVD 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	SYLVESTER, MICHAEL
Address	GRS MANAGEMENT ASSOC., INC. 3900 WOOD LAKE BLVD., STE. 309
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	FELLA, MICHAEL
Address	3900 WOODLAKE BLVD STE. 309
City-State-Zip:	LAKE WOTH 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:** THOMAS HEMENWAY**PRESIDENT****03/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date