

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001619

Entity Name: GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 14, 2020
Secretary of State
8550447734CC**Current Principal Place of Business:**C/O DAVENPORT PROPERTY MGMT.
6620 LAKE WORTH RD. SUITE F
LAKE WORTH, FL 33467**Current Mailing Address:**C/O DAVENPORT PROPERTY MGMT.
6620 LAKE WORTH RD. SUITE F
LAKE WORTH, FL 33467 US**FEI Number:** 65-0742722**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GELFAND, MICHAEL J ESQ
GELFAND & ARPE, P.A.
1555 PALM BEACH LAKES BLVD. SUITE 1220
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	SECRETARY
Name	LEVY, DOREEN
Address	C/O DAVENPORT PROPERTY MGMT. 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467

Title	PRESIDENT
Name	STARK, DOUG
Address	C/O DAVENPORT PROPERTY MGMT. 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467

Title	TREASURER
Name	APFEL, ALAN
Address	C/O DAVENPORT PROPERTY MGMT. 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467

Title	DIRECTOR
Name	PLEVIN, ANDREW
Address	C/O DAVENPORT PROPERTY MGMT. 6620 LAKE WORTH RD. SUITE F
City-State-Zip:	LAKE WORTH FL 33467

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: DOUG STARK**PRESIDENT****04/14/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date