

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ND1000001958 ✓
1. Entity Name
GRAND HAVEN MASTER HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1688 W. Hibiscus Blvd.
 Suite, Apt. #, etc.

3. Mailing Address
1688 W. Hibiscus Blvd.
 Suite, Apt. #, etc.

City & State
Melbourne, FL

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Melbourne, FL

Zip **32901** **Country** **Brevard**

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4. FEI Number
59-3723844

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

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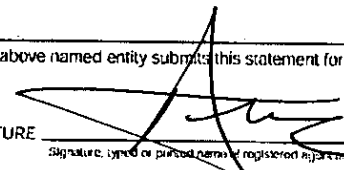
7. Name and Address of Current Registered Agent

Name: **Hugh M. Evans, Jr.**

Street Address (P.O. Box Number is Not Acceptable)
1688 W. Hibiscus Blvd.

City: **Melbourne** **FL** **Zip Code** **32901**

8. 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:  **DATE:** _____

Signature typed or printed name of registered agent acceptable. (NOTE: Registered Agent Signature required when reinstating)

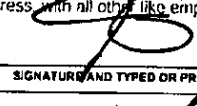
FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Gregory T. Wood 1688 W. Hibiscus Blvd. Melbourne, FL 32901 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Hugh M. Evans, Jr. 1688 W. Hibiscus Blvd. Melbourne, FL 32901 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Arthur F. Evans, III 1688 W. Hibiscus Blvd. Melbourne, FL 32901 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Timothy C. Jelus 1688 W. Hibiscus Blvd. Melbourne, FL 32901 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:  **Timothy C. Jelus** **4-15-02** **321-953-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

33054

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CR2E037B (12/01)

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