


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90008 005 ****70.00

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1. Entity Name
GRAND HAVEN MASTER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 1688 W. HIBISCUS BLVD.
 MELBOURNE, FL 32901

Mailing Address
 1688 W. HIBISCUS BLVD.
 MELBOURNE, FL 32901

4404888U



2. Principal Place of Business
6005 N. Wickham Rd.

3. Mailing Address
P.O. Box 411988

Suite, Apt. #, etc.
A-51

07082004 Chg-NP CR2E037 (10/03)

City & State
Melbourne, FL

City & State
Melbourne, FL

Zip Country
32940 USA

Zip Country
32941 USA

4. FEI Number
59-3723844

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
EVANS, HUGH M JR.
 1688 W. HIBISCUS BLVD.
 MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name
Lucille B. McCluney

Street Address (P.O. Box Number is Not Acceptable)
6005 N. Wickham Rd.

City
Ste. A-51

City
Melbourne FL

Zip Code
32940

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lucille B. McCluney Lucille B. McCluney 7-12-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 8, 2004

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, P. MICHAEL 1688 W. HIBISCUS BLVD. MELBOURNE, FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JELUS, TIMOTHY C 1688 W. HIBISCUS BLVD. MELBOURNE, FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JELUS, TIMOTHY 1688 W. HIBISCUS BLVD. MELBOURNE, FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CHASIN, ROBERT C 1688 W. HIBISCUS BLVD. MELBOURNE, FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lucille B. McCluney 6005 N. Wickham Rd. Ste. A-51 Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Beth Peppmiller 6005 N. Wickham Rd. Ste. A-51 Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Nita Carabetta 6005 N. Wickham Rd. Ste. A-51 Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Erin D. Roberts 6005 N. Wickham Rd. Ste. A-51 Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Erin D. Roberts 7/12/04 (321)394-0543

Signature and typed or printed name of signing officer or director Date Daytime Phone #