


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000001958 1. Entity Name GRAND HAVEN MASTER HOMEOWNERS ASSOCIATION, INC.	
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FILED
 06 MAY 26 PM 12: 34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 6939 N WICKHAM RD MELBOURNE, FL 32940	Mailing Address P.O. BOX 411988 MELBOURNE, FL 32941
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05242006 Chg-NP CR2E037 (4/06)

City & State	City & State
Zip	Country

4. FEI Number 59-3723844	Applied For Not Applicable
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6. Name and Address of Current Registered Agent PEPMILLER, ELIZABETH 6005 N WICKHAM RD STE A-51 MELBOURNE, FL 32940	7. Name and Address of New Registered Agent Name DON P. MIDDLEBROOK Street Address (P.O. Box Number is Not Acceptable) 4509 CHASTAIN DRIVE City MELBOURNE FL Zip Code 32940
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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 *Don P. Middlebrook* DATE 5/24/06

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	ROBERTS, ERIN D
STREET ADDRESS	5365 CREEKWOOD DR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	PEPMILLER, ELIZABETH
STREET ADDRESS	3911 ORCHARD DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	HODGKINS, LAURIE
STREET ADDRESS	3200 ORCHARD DR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	S <input type="checkbox"/> Delete
NAME	MCNEILLY, CHERYL
STREET ADDRESS	2852 STREAM DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	<input type="checkbox"/> Delete
NAME	<i>BR/S</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAVER, BRENDA
STREET ADDRESS	4478 CHASTAIN DR.
CITY-ST-ZIP	MELBOURNE, FL
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEBROOK, DON
STREET ADDRESS	4509 CHASTAIN DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAVER, JAMES
STREET ADDRESS	4209 CHASTAIN DR.
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLEY, MICHAEL
STREET ADDRESS	5006 BELLFLOWER CT.
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNEILLY, CHERYL
STREET ADDRESS	2852 STREAM DR.
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 06/13/06--01047--004 **61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Don P. Middlebrook* Date 5/24/06 Daytime Phone # (321) 757-9490

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