


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90090 014 ****61.25

DOCUMENT # N01000001958

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



Principal Place of Business
**6939 N WICKHAM RD
 MELBOURNE, FL 32940**

Mailing Address
**P.O. BOX 411988
 MELBOURNE, FL 32941**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03232007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**MIDDLEBROOK, DON
 4509 CHASTIAN DRIVE
 MELBOURNE, FL 32940**

4. FEI Number
59-3723844

Applied For
 Not Applicable

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

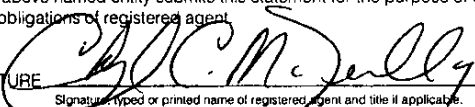
7. Name and Address of New Registered Agent

Name
MCNEILLY, CHERYL

Street Address (P.O. Box Number is Not Acceptable)
2852 STREAM DR

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  DATE **6 April 2007**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

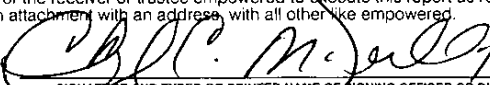
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
T	RAVER, BRENDA	4478 CHASTAIN DR	MELBOURNE, FL	<input checked="" type="checkbox"/>
P	MIDDLEBROOK, DON	4509 CHASTAIN DR	MELBOURNE, FL 32940	<input type="checkbox"/>
V	SHAVER, JAMES	4209 CHASTAIN DR	MELBOURNE, FL 32940	<input checked="" type="checkbox"/>
S	GILLEY, MICHAEL	5006 BELLFLOWER CT	MELBOURNE, FL 32940	<input checked="" type="checkbox"/>
D	MCNEILLY, CHERYL	2852 STREAM DR	MELBOURNE, FL 32940	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
V				<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	POWERS, CAROL	4387 FOUR LAKES DR	MELBOURNE, FL 32940	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	MOTTY, ROB	4457 FOUR LAKES DR.	MELBOURNE, FL 32940	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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  DATE **6 April 2007** DAYTIME PHONE # **329-917-2915**