

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90127 026 ****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

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

**MCNEILLY, CHERYL
2852 STREAM DR
MELBOURNE FL 32940**

Name **MC NEILLY, CHERYL**

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

3852 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

[Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9 April 2008

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME **V**
STREET ADDRESS **MIDDLEBROOK, DON**
CITY-ST-ZIP **4509 CHASTAIN DR
MELBOURNE FL 32940**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **POWERS, CAROL**
CITY-ST-ZIP **4387 FOUR LAKES DR
MELBOURNE FL 32940**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **MOTTY, ROB**
CITY-ST-ZIP **4457 FOUR LAKES DR.
MELBOURNE FL 32940**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MCNEILLY, CHERYL**
CITY-ST-ZIP **2852 STREAM DR
MELBOURNE FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **T**
STREET ADDRESS **MIDDLEBROOK, DON**
CITY-ST-ZIP **4509 CHASTAIN DR
MELBOURNE, FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **GORTES, TONY**
CITY-ST-ZIP **3935 FENROSE CIR
MELBOURNE, FL 32940**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **MCNEILLY, CHERYL**
CITY-ST-ZIP **3852 STREAM DR
MELBOURNE, FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature] **Don G. Middlebrook** 4/3/08 (321) 757-9490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR