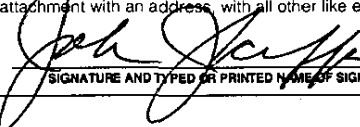


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90022 047 ****61.25

DOCUMENT # N31584 1. Entity Name HALF MOON BAY MASTER ASSOCIATION, INC.					
Principal Place of Business 7070 HALF MOON CIRCLE HYPOLUXO, FL 33462			Mailing Address C/O GRS MANAGEMENT ASSOC., INC. 3900 WOOD LAKE BLVD., STE. 201 LAKE WORTH, FL 33463		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0086238	
				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		
BECKER & POLIAKOFF, P. A. 500 AUSTRALIA AVE NINTH FLOOR WEST PALM BEACH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TVD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCEPPA, JOHN J.		NAME		
STREET ADDRESS	108 HALF MOON CIRCLE #F1		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33462		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	EISENBERG, ALBERT J		NAME		
STREET ADDRESS	107 HALF MOON CIRCLE H1		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33462		CITY-ST-ZIP		
TITLE	SD BURNS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BURNS, JAMES		NAME		
STREET ADDRESS	7020 HALF MOON CIR APT 409		STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LEUPP, BOB		NAME		
STREET ADDRESS	108F3 HALF MOON CIR		STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	DINOIA, LEONARD		NAME		
STREET ADDRESS	10742 HALF MOON CIR		STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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: 			JOHN J. SCEPPA 2/4/04 561-547-6243		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		