2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State
02-23-2006 90009 039 ****61.25

DOCUMENT # N31584

1. Entity Name
HALF MOON BAY MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7070 HALF MOON CIRCLE HYPOLUXO, FL 33462	GRS MANAGEMENT ASSOC., INC. 3900 WOOD LAKE BLVD., STE. 309 LAKE WORTH, FL 33463

01172006 Chg-NP CR2E037 (11/05)

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 _____
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 May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCEPPA, JOHN J 108 HALF MOON CIRCLE #F1 LAKE WORTH, FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EISENBERG, ALBERT J 107 HALF MOON CIRCLE H1 LAKE WORTH, FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BURNS, JAMES 7020 HALF MOON CIR APT 409 HYPOLUXO, FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEUPP, BOB 108F3 HALF MOON CIR HYPOLUXO, FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HEMENWAY, THOMAS H 104E1 HALF MOON CIRCLE LAKE WORTH, FL 33462	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

See attached

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

ATTACHMENT

40016686

N31584

DOC #N31584 HALFMOON BAY MASTER ASSOC

	PD	
CHANGE	BURNS, JAMES	
	7070 HALF MOON CIR	
	HYPOLUXO, FL 33462	
	VPD	
CHANGE	EISENBERG, ALBERT	
	7070 HALF MOON CIR	
	HYPOLUXO, FL 33462	
	SD	
ADD	HARTMANN, WILLIAM	
	7070 HALF MOON CIR	
	HYPOLUXO, FL 33462	
	TD	
CHANGE	HEMENWAY, TOM	
	7070 HALF MOON CIR	
	HYPOLUXO, FL 33462	
	D	
ADD	MILLER, ROBERT	
	7070 HALF MOON CIR	
	HYPOLUXO, FL 33462	