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FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001619 (3)
 1. Corporation Name
GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2541 METROCENTRE #1 W. PALM BEACH FL 33407	Mailing Address 2541 METROCENTRE #1 W. PALM BEACH FL 33407
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3. Date Incorporated or Qualified 03/22/1996	4. FEI Number 65-0742722 APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business 20151 Shorewind Dr.	22. Mailing Address 20151 Shorewind Dr.
23. City & State Boca Raton FL	24. City & State Boca Raton FL
25. Zip 33428	26. Zip 33428

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J
700 N.W. 107TH AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, TAMMY M	
STREET ADDRESS	12230 FOREST HILL BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33414	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, JEFF	
STREET ADDRESS	12230 FOREST HILL BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33414	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BELMONT, MICHAEL	
STREET ADDRESS	2541 METROCENTRE #1	
CITY-ST-ZIP	W. PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anette Gosselin	
1.3 STREET ADDRESS	12230 Forest Hill Blvd	
1.4 CITY-ST-ZIP	W.P.B. FL 33414	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Drew	
2.3 STREET ADDRESS	12230 Forest Hill Blvd	
2.4 CITY-ST-ZIP	W.P.B. FL 33414	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Chris Ryan	
3.3 STREET ADDRESS	2541 Metrocentre Blvd, Ste 1	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **361-451-3890**

CR2E037 (10/97)