


FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90028 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001619

1. Corporation Name
GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

272186 - 90107 - 19

Principal Place of Business 22151 SHOREWIND SR BOCA RATON FL 33428 US	Mailing Address 22151 SHOREWIND DR BOCA RATON FL 33428 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 03/22/1996	4. FEI Number 65-0742722 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

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 Paul Valyo 82 Street Address (P.O. Box Number is Not Acceptable) 22151 Shorewind Drive 83 84 City Boca Raton FL 85 Zip Code 33428
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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 *Paul Valyo* DATE **3-25-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSSELIN, ANNETTE	1.2 NAME	
STREET ADDRESS	12230 FOREST HILL BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33414	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DREW, ROBERT	2.2 NAME	
STREET ADDRESS	12230 FOREST HILL BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33414	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, CHRIS	3.2 NAME	SD Leona Hammond
STREET ADDRESS	2541 METROCENTRE #1	3.3 STREET ADDRESS	2541 Metrocentre #1
CITY-ST-ZIP	W. PALM BEACH FL 33407	3.4 CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: *Leona Hammond* DATE: **2-18-99** DAYTIME PHONE: **561-451-3899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR