

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001619

1. Entity Name

GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90035 046 ****61.25

Principal Place of Business

Mailing Address

22151 SHOREWIND SR
 BOCA RATON FL 33428
 US

22151 SHOREWIND DR
 BOCA RATON FL 33428-4707
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11585 Lake Isles Drive
 Suite, Apt. #, etc.

3. Mailing Address

7100 W. Camino Real
 Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Boca Raton, FL

4. FEI Number

65-0742722

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33433

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALYO, PAUL
~~22151 SHOREWIND DR~~
 BOCA RATON FL ~~33428~~

7. Name and Address of New Registered Agent

Name: Same
 Street Address (P.O. Box Number is Not Acceptable): 7100 W. Camino Real # 117
 City: Boca Raton FL Zip: 33433

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.

SIGNATURE

Paul Valyo

Paul Valyo

1-14-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PTD	GOSSELIN, ANNETTE	12230 FOREST HILL BLVD.	W. PALM BEACH FL 33414	<input checked="" type="checkbox"/>
VD	DREW, ROBERT	12230 FOREST HILL BLVD.	W. PALM BEACH FL 33414	<input checked="" type="checkbox"/>
SD	HAMMOND, LEONA	2541 METROCENTRE #1	W. PALM BEACH FL 33407	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Gary Cline	11175 Winding Pearl	Wellington, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Raymond Cox	3651 Moon Bay Circle	Wellington, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	Joseph Rivello	11260 Edgewater Circle	Wellington, FL 33414	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Morton Blumberg	11117 Alameda Bay Ct	Wellington, FL 33414	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Carl Lindenman	11319 Edgewater Circle	Wellington, FL 33414	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Gary Cline
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000 (56)
 362-7444
 Date Daytime Phone #

CR2E037 (9/99)