

Amended

2002 UNIFORM BUSINESS REPORT (UBR)

FILED 9-11-2002 90100 035 ****61.25
 SECRETARY OF STATE N96000001619
 DIVISION OF CORPORATIONS

02 SEP 11 PM 11:01

DOCUMENT # N96000001619

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

Principal Place of Business Mailing Address
 1585 LAKE ISLES DR 7100 W. CAMINO REAL
 WELLINGTON FL 33414 #117
 BOCA RATON FL 33433
 US

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 **65-0742722** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
VALYO, PAUL
 7100 W. CAMINO REAL
 #117
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent
 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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P NAME COX, RAYMOND STREET ADDRESS 3651 MOONBAY CIRCLE CITY-ST-ZIP WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE VD NAME COX, RAYMOND STREET ADDRESS 3651 MOON BAY CIR CITY-ST-ZIP WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE SST-D NAME RIVELLO, JOSEPH STREET ADDRESS 11260 EDGEWATER CIR CITY-ST-ZIP WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE VP NAME PINTO, WILLIAM STREET ADDRESS 11730 BAY BREEZE CT. CITY-ST-ZIP WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE D NAME LINDENMAN, CARL STREET ADDRESS 11319 EDGEWATER CIR CITY-ST-ZIP WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE S NAME KITRIDGE, STEVEN STREET ADDRESS 3886 OLD LIGHTHOUSE CIRCLE CITY-ST-ZIP WEST PALM BEACH FL 33414	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TREASURER NAME HORN YAK, ANTOINETTE STREET ADDRESS 3566 Old Lighthouse Circle CITY-ST-ZIP Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P NAME PINTO, WILLIAM STREET ADDRESS 11730 BAY BREEZE CT CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME LINDENMAN, CARL STREET ADDRESS 11319 EDGEWATER CIR CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME VERGONA, ROSE STREET ADDRESS 11477 BEACON POINTE LANE CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JENNEY, AGATHA STREET ADDRESS 3553 Miramontes Circle CITY-ST-ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 817, 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: *William Pinto* **Bill Pinto** President 08/29/02 561-362-7444
 SIGNATURE AND TYPED OR PRINTED NAME

CR2E037 (9/01)

9/17/02