


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90309 029 \*\*\*\*61.25

**DOCUMENT # N96000001619**

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



Principal Place of Business  
 11585 LAKE ISLES DR  
 WELLINGTON FL 33414  
 US

Mailing Address  
~~7100 W. COMING REAL  
 #117  
 BOCA RATON FL 33433~~  
 Please change to:

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 1928 LAKE WORTH RD


3. Mailing Address  
**Associated Property Management**  
 Suite, Apt. #, etc.  
 MOORE CR2E037 (11/03)

City & State  
 LAKE WORTH, FL

City & State  
 LAKE WORTH, FL

Zip  
 33461

Country  
 USA



4. FEI Number  
 65-0742722

Applied For  
 Not Applicable

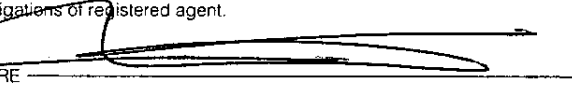
5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

Please change to: →

7. Name and Address of New Registered Agent  
 Name ~~ASSOCIATED-PROPERTY MANAGEMENT~~  
 Street Address (P.O. Box Number is Not Acceptable)  
 1928 LAKE WORTH RD.  
 City LAKE WORTH FL Zip Code 33461

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  Agent DATE 4/27/04

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

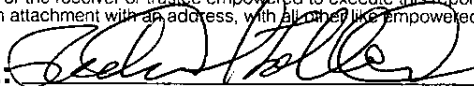
10. OFFICERS AND DIRECTORS

TITLE	<del>STB-D</del>	<input checked="" type="checkbox"/> Delete
NAME	HOSSELE, JOSEPH	
STREET ADDRESS	3628 MIRAMONTES CIR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORNYAK, ANTOINETTE	
STREET ADDRESS	3566 OLD LIGHTHOUSE CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	<del>D V</del>	<input checked="" type="checkbox"/> Delete
NAME	JENNEY, AGATHA	
STREET ADDRESS	3553 MIRAMONTES CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PINTO, WILLIAM	
STREET ADDRESS	11730 BAY BREEZE CT.	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KITRIDGE, STEVEN	
STREET ADDRESS	3666 OLD LIGHTHOUSE CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VERGONA, ROSE	
STREET ADDRESS	11477 BEACON POINTE LN.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNEY, AGATHA	
STREET ADDRESS	3553 MIRAMONTES CIRCLE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLBERT, RICHARD	
STREET ADDRESS	3602 MOON BAY CIRCLE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, MICHELE	
STREET ADDRESS	3567 MOON BAY CIRCLE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	FD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRARO, FRANK	
STREET ADDRESS	11620 WATERBEND CT.	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSSELE, JOSEPH	
STREET ADDRESS	3628 MIRAMONTES CIR	
CITY-ST-ZIP	WELLINGTON, FL 33414	

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:  President DATE 4/21/04 DAYTIME PHONE # (561) 832-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR