

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Sep 16, 2008**  
**Secretary of State**

DOCUMENT# N96000001619

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

**Current Principal Place of Business:**

11585 LAKE ISLES DR  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O WELLINGTON MANAGEMENT  
3461 B FAIRLANE FARM RD  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 65-0742722      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TOLBERT, RICHARD S  
1615 FORUM PLACE  
SUITE 500  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: DOLGINOFF, HOWARD  
Address: 1184 NANTCKET BAY COURT  
City-St-Zip: WELLINGTON, FL 33414

Title: VD      ( ) Delete  
Name: NEWSOME, JEFFREY  
Address: 3541 OLD LIGHTHOUSE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: PD      ( ) Delete  
Name: TOLBERT, RICHARD  
Address: 3602 MOON BAY CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: TSD      ( ) Delete  
Name: FERRARO, FRANK  
Address: 11620 WATERBED CT  
City-St-Zip: WELLINGTON, FL 33414

Title: D      (X) Delete  
Name: FOGEL, STEVEN  
Address: 3624 MIRAMONTES CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: D      ( ) Delete  
Name: CASTILLO, MARY  
Address: 3788 MOON BAY CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: DOLGINOFF, HOWARD  
Address: 1184 NANTUCKET BAY COURT  
City-St-Zip: WELLINGTON, FL 33414

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD S. TOLBERT

PRES

09/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date