FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 13 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001279

1. Corporation Name

MAINTENANCE ASSOCIATION OF GRAND HAVEN, INC.

Principal Place of Business	Mailing Address
1 OLD KINGS ROAD SOUTH. STE. 2 PALM COAST FL 32137	1 OLD KINGS ROAD SOUTH. STE. 2 PALM COAST FL 32137

5|8|99 900550020 $61.25

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/03/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3566776 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CENTEX REAL ESTATE CORPORATION 1 OLD KINGS ROAD SOUTH, STE. 2 PALM COAST FL 32137	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LENIHAN, JOHN		1.2 NAME		
STREET ADDRESS	1 OLD KINGS ROAD SOUTH, STE. 2		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		1.4 CITY-ST-ZIP		
TITLE	DST	☒ DELETE	2.1 TITLE	DST	☐ Change ☒ Addition
NAME	MITCHEM, JEFF		2.2 NAME	Smith, Clint	
STREET ADDRESS	1 OLD KINGS ROAD SOUTH, STE. 2		2.3 STREET ADDRESS	1 Old Kings Road, South, Ste. 2	
CITY-ST-ZIP	PALM COAST FL 32137		2.4 CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	DV	☒ DELETE	3.1 TITLE	DVP	☐ Change ☒ Addition
NAME	PORTER, BOB		3.2 NAME	Gannon, Roger	
STREET ADDRESS	1 OLD KINGS ROAD SOUTH, STE. 2		3.3 STREET ADDRESS	1 Old Kings Road, South, Ste 2	
CITY-ST-ZIP	PALM COAST FL 32137		3.4 CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			4.2 NAME	MCGREGOR, DEBRA	
STREET ADDRESS			4.3 STREET ADDRESS	8081 PHILIPS HIGHWAY, SUITE 14	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED Debra McGregor 4/28/99 904-733-7300
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

KB