2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2025
Secretary of State
0354281167CC

DOCUMENT# N31584

Entity Name: HALF MOON BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

7070 HALF MOON CIRCLE
HYPOLUXO, FL 33462

Current Mailing Address:

GRS MANAGEMENT ASSOC., INC.
3900 WOOD LAKE BLVD., STE. 309
LAKE WORTH, FL 33463

FEI Number: 65-0086238

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P. A.
625 NORTH FLAGLER
SEVENTH FLOOR
WEST PALM BEACH, FL 33401 US

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

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	PARKER, LARRY	Name	BECKER, LARRY
Address	3900 WOODLAKE BLVD. SUITE # 309	Address	3900 WOODLAKE BLVD 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	VP	Title	SECRETARY
Name	CORRAO, BILL	Name	SCEPPA, JOHN
Address	3900 WOODLAKE BLVD. 309	Address	GRS MANAGEMENT ASSOC., INC. 3900 WOOD LAKE BLVD. STE. 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	DIRECTOR		
Name	ZANONI, JOHN		
Address	GRS MANAGEMENT ASSOC., INC. 3900 WOOD LAKE BLVD. ,STE. 309		
City-State-Zip:	LAKE WORTH FL 33463		

I hereby 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 all other like empowered.

SIGNATURE: LARRY PARKER PRESIDENT 02/25/2025

Electronic Signature of Signing Officer/Director Detail — Date