

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001619

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

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC7785688773**

**Current Principal Place of Business:**

11585 LAKE ISLES DR  
WELLINGTON, FL 33414

**Current Mailing Address:**

11585 LAKE ISLES DRIVE  
WELLINGTON, FL 33414 US

**FEI Number:** 65-0742722

**Certificate of Status Desired:** No

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

DODGE, CARRIE  
11585 LAKE ISLES DRIVE  
WELLINGTON, FL 33414 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:** CARRIE DODGE

01/06/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name DOLGINOFF, HOWARD  
Address 11585 LAKE ISLES DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title VPD  
Name SMITH, JOSEPH D  
Address 11585 LAKE ISLES DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title PD  
Name MCSWEENEY, KEVIN  
Address 11585 LAKE ISLES DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title TD  
Name STEFAN, BARRY  
Address 11585 LAKE ISLES DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title SD  
Name DODGE, CARRIE  
Address 11585 LAKE ISLES DRIVE  
City-State-Zip: WELLINGTON FL 33414

Title D  
Name APFEL, ALAN  
Address 11585 LAKE ISLES DRIVE  
City-State-Zip: WELLINGTON FL 33414

*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:** KEVIN MCSWEENEY

**DIRECTOR, PRESIDENT**

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date