

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000001619

Entity Name: GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 26, 2024
Secretary of State
0304865653CC

Current Principal Place of Business:

C/O DAVENPORT PROPERTY MGMT.
6620 LAKE WORTH RD. SUITE F
LAKE WORTH, FL 33467

Current Mailing Address:

C/O DAVENPORT PROPERTY MGMT.
6620 LAKE WORTH RD. SUITE F
LAKE WORTH, FL 33467 US

FEI Number: 65-0742722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GELFAND, MICHAEL J ESQ
GELFAND & ARPE, P.A.
1555 PALM BEACH LAKES BLVD. SUITE 1220
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 VP
Name PLEVIN, ANDREW
Address C/O DAVENPORT PROPERTY MGMT.
6620 LAKE WORTH RD. SUITE F
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name RUIZ, JOSE
Address C/O DAVENPORT PROPERTY MGMT.
6620 LAKE WORTH RD. SUITE F
City-State-Zip: LAKE WORTH FL 33467

Title PRESIDENT
Name LEVY, DOREEN
Address C/O DAVENPORT PROPERTY MGMT.
6620 LAKE WORTH RD. SUITE F
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name FUHRMAN, ALAN
Address C/O DAVENPORT PROPERTY MGMT.
6620 LAKE WORTH RD. SUITE F
City-State-Zip: LAKE WORTH FL 33467

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: DOREEN LEVY

PRESIDENT

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date