


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 752268
 1. Entity Name
THE GRANDVIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **741 S COLLIER BLVD MARCO ISLAND, FL 34145**
 Mailing Address: **P.O. BOX 39 MARCO, FL 34146**



DO NOT WRITE IN THIS SPACE

04082005 No Chg-NP CR2E037 (10/03)
 4. FEI Number **59-2152410** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent
WILL, JEFFREY
SAFE HARBOR MANAGEMENT
233 N COLLIER BLVD
MARCO ISLAND, FL 34145

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8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

04716705-80083-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEADOWS, JOHN
STREET ADDRESS	5 DRAPER STREET
CITY-ST-ZIP	NATICK, MA 01760
TITLE	S
NAME	WITHERINGTON, CHARLES
STREET ADDRESS	142 BASTILLE CT
CITY-ST-ZIP	WILLIAMSBURG, VA 23185
TITLE	VP
NAME	STASIO, JOSEPH
STREET ADDRESS	15 LINDEN ST
CITY-ST-ZIP	WINTHROP, MA 02152
TITLE	T
NAME	HOLLENBECK, MARVIN
STREET ADDRESS	741 S COLLIER BLVD, #312
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	P
NAME	DAVIS, STEWART W
STREET ADDRESS	741 S. COLLIER BLVD.
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4.11.05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #