

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90030 032 ****61.25

DOCUMENT # 752268

1. Entity Name
THE GRANDVIEW CONDOMINIUM ASSOCIATION, INC.



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2152410** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WILL, JEFFREY
SAFE HARBOR MANAGEMENT
233 N COLLIER BLVD
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **4/24/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **DURFEE, JAMES**
STREET ADDRESS **77 WENTWORTH AVE**
CITY-ST-ZIP **LOWELL MA 01852**

TITLE **VP** Change Addition
NAME **Durfee, James**
STREET ADDRESS **77 Wentworth Ave.**
CITY-ST-ZIP **Lowell, MA 01852**

TITLE **TD** Delete
NAME **SULLIVAN, EDWARD**
STREET ADDRESS **741 S COLLIER #511**
CITY-ST-ZIP **MARCO FL 34145**

TITLE **S** Change Addition
NAME **Witherington, Charles**
STREET ADDRESS **142 Bastille Ct.**
CITY-ST-ZIP **Williamsburg, VA 23185**

TITLE **SD** Delete
NAME **STASIO, JOSEPH**
STREET ADDRESS **15 LINDEN ST**
CITY-ST-ZIP **WINTHROP MA 02152**

TITLE **D** Change Addition
NAME **Stasio, Joseph**
STREET ADDRESS **15 Linden St.**
CITY-ST-ZIP **Winthrop, MA 02152**

TITLE **P** Delete
NAME **HOLLENBECK, MARVIN**
STREET ADDRESS **741 S COLLIER BLVD, #312**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **T** Change Addition
NAME **Hollenbeck, Marvin**
STREET ADDRESS **741 S. Collier Blvd., #312**
CITY-ST-ZIP **Marco Island, FL 34145**

TITLE **VP** Delete
NAME **DAVIS, STEWART W**
STREET ADDRESS **741 S. COLLIER BLVD.**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **P** Change Addition
NAME **Davis, Stewart W.**
STREET ADDRESS **2313 W. Great Neck Rd., #101**
CITY-ST-ZIP **Virginia Beach, VA 23451**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 or 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: *Marvin Hollenbeck*

4/24/03 (239) 394-1101

1100000

CR2E037 (10/02)