2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000009821

26811 S BAY DR STE 350

BONITA SPRINGS, FL 34134

Address:

City-St-Zip:

Entity Name: GRAND BAY PLAZA PROPERTY OWNER'S ASSOCIATION, INC.

FILED Apr 21, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
26811 S BAY DR STE 350 BONITA SPRINGS, FL 34134			26811 S BAY DR SUITE 350 BONITA SPRINGS, FL 34134		
Current Mailing Address:			New Mailing Address:		
26811 S BAY DR STE 350 BONITA SPRINGS, FL 34134			26811 S BAY DR SUITE 350 BONITA SPRINGS, FL 34134		
FEI Number	FEI Number Ap	plied For() FEI N	lumber Not Applicable (X	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
CONROY, J. THOMAS III 2640 GOLDEN PKWY STE 115 NAPLES, FL 34105 US			CONROY, J. THOMAS III CONROY, COLEMAN & HAZZARD, P.A. 2640 GOLDEN GATE PKWY, STE 115 NAPLES, FL 34105 US		
	named entity submits this state of Florida.	ement for the purpose	e of changing its regist	ered office or registered agent, or both,	
SIGNATURE: CONROY, J THOMAS III				04/21/2003	
	Electronic Signature of F	Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () Delete LAUER, RICHARD A 26811 S BAY DR STE 350 BONITA SPRINGS, FL 34134		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete NASHMAN, JAMES A 26811 S BAY DR STE 350 BONITA SPRINGS, FL 34134		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () Delete CONROY, J. THOMAS, III		Title: D Name: CONRO	(X) Change()Addition Y. J. THOMAS III	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: NASHMAN, JAMES A D 04/21/2003

2640 GOLDEN GATE PKWY, STE 115

NAPLES, FL 34105