

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N45611** (3)  
1. Corporation Name  
**GRAND BAY CONDOMINIUM, INC.**



Principal Place of Business: **GRAND BAY DR. NAPLES FL 33963**  
Mailing Address: **P.O. BOX 9709 NAPLES FL 33941-9709**

3. Date Incorporated or Qualified: **10/14/1991**  
3a. Date of Last Report: **04/17/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0324917</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**BANTZ, THOMAS M  
COLLIER FINANCIAL SYSTEMS INC.  
4985 E. TAMiami TRAIL  
NAPLES FL 33962**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	11 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAYMOND, GEORGE JR</b>	12 NAME	
STREET ADDRESS	<b>7920 GRAND BAY DR.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	14 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<b>VIP/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PHILLIPS, GEORGE</b>	22 NAME	<b>MRS. SUE HAMILTON</b>
STREET ADDRESS	<b>4 HIGATE RD.</b>	23 STREET ADDRESS	<b>7914 GRAND BAY DR.</b>
CITY-ST-ZIP	<b>CHELMSFORD MA 01824</b>	24 CITY-ST-ZIP	<b>NAPLES FL 33963</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	31 TITLE	<b>STD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WELLS, WARNER</b>	32 NAME	<b>MRS BEV HOGLAND</b>
STREET ADDRESS	<b>7900 GRAND BAY DR.</b>	33 STREET ADDRESS	<b>7968 GRAND BAY DR.</b>
CITY-ST-ZIP	<b>NAPLES FL 33963</b>	34 CITY-ST-ZIP	<b>NAPLES FL 33963</b>
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<b>D JERRY RADTKE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	<b>7964 GRAND BAY DR.</b>
STREET ADDRESS		43 STREET ADDRESS	<b>NAPLES FL 33963</b>
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<b>PI/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	<b>MR JAY LEVIT</b>
STREET ADDRESS		53 STREET ADDRESS	<b>7924 GRAND BAY DR.</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	<b>NAPLES FL 33963</b>
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beverly S. Hogland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BEVERLY S HOGLAND**  
Date: **4/16/96**  
Daytime Phone #: **94-1597-9516**

CR2E037 (12/95)