

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

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 office 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RAYMOND, GEORGE JR
STREET ADDRESS 7920 GRAND BAY DR.
CITY-ST-ZIP NAPLES FL 33963

TITLE VD ☒ DELETE

NAME PHILLIPS, GEORGE
STREET ADDRESS 4 HIGATE RD.
CITY-ST-ZIP CHELMSFORD MA 01824

TITLE STD ☒ DELETE

NAME WELLS, WARNER
STREET ADDRESS 7900 GRAND BAY DR.
CITY-ST-ZIP NAPLES FL 33963

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE V/P/D ☐ Change ☒ Addition

22 NAME MRS. SUE HAMILTON
23 STREET ADDRESS 7914 GRAND BAY DR.
24 CITY-ST-ZIP NAPLES FL 33963

31 TITLE STD ☐ Change ☒ Addition

32 NAME MRS BEV HOGLAND
33 STREET ADDRESS 7968 GRAND BAY DR.
34 CITY-ST-ZIP NAPLES FL 33963

41 TITLE D JERRY RADTKE ☐ Change ☒ Addition

42 NAME
43 STREET ADDRESS 7964 GRAND BAY DR.
44 CITY-ST-ZIP NAPLES FL 33963

51 TITLE P/D ☐ Change ☒ Addition

52 NAME MR JAY LEVITT
53 STREET ADDRESS 7924 GRAND BAY DR.
54 CITY-ST-ZIP NAPLES FL 33963

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY S HOGLAND

Date

Daytime Phone #

4/16/96 94-1597-9516

CR2E037 (12/95)