

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N45611** (3)  
1. Corporation Name  
**GRAND BAY CONDOMINIUM, INC.**



Principal Place of Business <b>GRAND BAY DR. NAPLES FL 33963</b>	Mailing Address <b>P.O. BOX 9709 NAPLES FL 34101-9709</b>
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3. Date Incorporated or Qualified <b>10/14/1991</b>	3a. Date of Last Report <b>04/22/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number <b>65-0324917</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BANTZ, THOMAS M  
COLLIER FINANCIAL SYSTEMS INC.  
4985 E. TAMiami TRAIL  
NAPLES FL 33982**

10. Name and Address of New Registered Agent  
81 Name **STEPHEN P. HART**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**COLLIER FINANCIAL, INC.**  
83 **4985 E. TAMiami TR**  
84 City **NAPLES** FL 85 Zip Code **34113**

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]* DATE **3/27/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RAYMOND, GEORGE JR</b>	
STREET ADDRESS	<b>7920 GRAND BAY DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>SUE HAMILTON</b>	
STREET ADDRESS	<b>7914 GRAND BAY DR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BEV HOGLAND</b>	
STREET ADDRESS	<b>7968 GRAND BAY DR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JERRY RADTKE</b>	
STREET ADDRESS	<b>7964 GRAND BAY DR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JAY LEVIT</b>	
STREET ADDRESS	<b>7924 GRAND BAY DR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BONNIE MOSKOWITZ</b>	
1.3 STREET ADDRESS	<b>7976 GRAND BAY DR.</b>	
1.4 CITY-ST-ZIP	<b>NAPLES FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>JAMES (DON) ALTY</b>	
3.3 STREET ADDRESS	<b>7932 GRAND BAY DR</b>	
3.4 CITY-ST-ZIP	<b>NAPLES FL</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DORIS TALFORD</b>	
4.3 STREET ADDRESS	<b>7990 GRAND BAY DR</b>	
4.4 CITY-ST-ZIP	<b>NAPLES FL</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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.

CR2E037 (9/96)