

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

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

|   |  |
|---|--|
| Principal Place of Business<br><b>GRAND BAY DR.<br/>NAPLES FL 33963</b> | Mailing Address<br><b>P.O. BOX 9709<br/>NAPLES FL 33941-9709</b> |
|---|--|



|   |   |
|---|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip <b>34108</b> Country <b>USA</b> | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip <b>34101-9709</b> Country <b>USA</b> |
|---|---|

|   |                                    |  |
|---|------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>10/14/1991</b>  | 4. FEI Number<br><b>65-0324917</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |                                    |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |                                    |  |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                    |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                    |  |

9. Name and Address of Current Registered Agent  
**HART, STEPHEN P  
COLLIER FINANCIAL INC.  
4985 E. TAMIAH TRAIL  
NAPLES FL 34113**

|  |   |
|--|---|
| 10. Name and Address of New Registered Agent |   |
| 81 Name                                      | 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83   | 84 City   |
| 85 Zip Code                                  | <b>FL</b>   |

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 |                           | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             |
|----------------------------|---------------------------|---|-----------------------------|
| TITLE                      | <b>D</b>                  | 1.1 TITLE   | <b>VPD</b>                  |
| NAME                       | <b>MOSKOWITZ, BONNIE</b>  | 1.2 NAME  | <b>Peter Kapetan</b>        |
| STREET ADDRESS             | <b>7976 GRAND BAY DR.</b> | 1.3 STREET ADDRESS                                    | <b>742 Burr Street</b>      |
| CITY-ST-ZIP                | <b>NAPLES FL</b>          | 1.4 CITY-ST-ZIP                                       | <b>Fairfield, Ct. 66430</b> |
| TITLE                      | <b>VPD</b>                | 2.1 TITLE   | <b>TD</b>                   |
| NAME                       | <b>SUE HAMILTON</b>       | 2.2 NAME  | <b>Douglas Gebbie</b>       |
| STREET ADDRESS             | <b>7914 GRAND BAY DR</b>  | 2.3 STREET ADDRESS                                    | <b>7936 Grand Bay Drive</b> |
| CITY-ST-ZIP                | <b>NAPLES FL</b>          | 2.4 CITY-ST-ZIP                                       | <b>Naples, FL. 34108</b>    |
| TITLE                      | <b>STD</b>                | 3.1 TITLE   | <b>PD</b>                   |
| NAME                       | <b>AUTY, JAMES (</b>      | 3.2 NAME  | <b>James Don Auty</b>       |
| STREET ADDRESS             | <b>7980 GRAND BAY DR.</b> | 3.3 STREET ADDRESS                                    | <b>7932 Grand Bay Drive</b> |
| CITY-ST-ZIP                | <b>NAPLES FL</b>          | 3.4 CITY-ST-ZIP                                       | <b>Naples, FL. 34108</b>    |
| TITLE                      | <b>D</b>                  | 4.1 TITLE   | <b>SD</b>                   |
| NAME                       | <b>JERRY RADTKE</b>       | 4.2 NAME  | <b>Rosemary Creigh</b>      |
| STREET ADDRESS             | <b>7984 GRAND BAY DR</b>  | 4.3 STREET ADDRESS                                    | <b>7919 Grand Bay Drive</b> |
| CITY-ST-ZIP                | <b>NAPLES FL</b>          | 4.4 CITY-ST-ZIP                                       | <b>Naples, FL. 34108</b>    |
| TITLE                      | <b>PD</b>                 | 5.1 TITLE   | <b>D</b>                    |
| NAME                       | <b>JAY LEVITT</b>         | 5.2 NAME  | <b>Jay Levitt</b>           |
| STREET ADDRESS             | <b>7924 GRAND BAY DR</b>  | 5.3 STREET ADDRESS                                    | <b>7924 Grand Bay Drive</b> |
| CITY-ST-ZIP                | <b>NAPLES FL</b>          | 5.4 CITY-ST-ZIP                                       | <b>Naples, FL. 34108</b>    |
| TITLE                      |                           | 6.1 TITLE   |                             |
| NAME                       |                           | 6.2 NAME  |                             |
| STREET ADDRESS             |                           | 6.3 STREET ADDRESS                                    |                             |
| CITY-ST-ZIP                |                           | 6.4 CITY-ST-ZIP                                       |                             |

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | <b>VPD</b>                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>Peter Kapetan</b>        |  |
| 1.3 STREET ADDRESS | <b>742 Burr Street</b>      |  |
| 1.4 CITY-ST-ZIP    | <b>Fairfield, Ct. 66430</b> |  |
| 2.1 TITLE          | <b>TD</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Douglas Gebbie</b>       |  |
| 2.3 STREET ADDRESS | <b>7936 Grand Bay Drive</b> |  |
| 2.4 CITY-ST-ZIP    | <b>Naples, FL. 34108</b>    |  |
| 3.1 TITLE          | <b>PD</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>James Don Auty</b>       |  |
| 3.3 STREET ADDRESS | <b>7932 Grand Bay Drive</b> |  |
| 3.4 CITY-ST-ZIP    | <b>Naples, FL. 34108</b>    |  |
| 4.1 TITLE          | <b>SD</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>Rosemary Creigh</b>      |  |
| 4.3 STREET ADDRESS | <b>7919 Grand Bay Drive</b> |  |
| 4.4 CITY-ST-ZIP    | <b>Naples, FL. 34108</b>    |  |
| 5.1 TITLE          | <b>D</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | <b>Jay Levitt</b>           |  |
| 5.3 STREET ADDRESS | <b>7924 Grand Bay Drive</b> |  |
| 5.4 CITY-ST-ZIP    | <b>Naples, FL. 34108</b>    |  |
| 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 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.

SIGNATURE: \_\_\_\_\_

*[Signature]*

4/16/98

941-774-1142

CR2E037 (10/97)