


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90103 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45611

1. Corporation Name

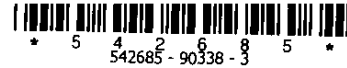
GRAND BAY CONDOMINIUM, INC.

Principal Place of Business

GRAND BAY DR.
 NAPLES FL 34108
 US

Mailing Address

P.O. BOX 9709
 NAPLES FL 34101-9709
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/14/1991	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0324917	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	Country	30	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPETAN, PETER		1.2 NAME		
STREET ADDRESS	742 BURR STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD CT 06430		1.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBBIE, DOUGLAS		2.2 NAME		
STREET ADDRESS	7936 GRAND BAY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		2.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUTY, JAMES (3.2 NAME		
STREET ADDRESS	7832 GRAND BAY DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		3.4 CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEIGH, ROSEMARY		4.2 NAME	Gerhard Seblatnigg	
STREET ADDRESS	7919 GRAND BAY DRIVE		4.3 STREET ADDRESS	7960 Grand Bay Drive	
CITY-ST-ZIP	NAPLES FL 34108		4.4 CITY-ST-ZIP	Naples FL 34108	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAY LEVITT		5.2 NAME	Gail Lozelle	
STREET ADDRESS	7924 GRAND BAY DR		5.3 STREET ADDRESS	7971 Grand Bay Drive	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples FL 34108	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED James Auty 4/29/99 941-591-3751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)