FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1996

N95000002874 (4)

GRAND BAY RESORT AND RESIDENCES MASTER ASSOCIATI ON, INC.

Principal Place of Business Mailing Address 3250 MARY STREET 3250 MARY STREET



COCONUT GROVE FL 33133		COCONUT GROVE FL 33133			-						
						r	3. Date Incorporated or Qualified 06/16/1995	3a . Da	te of La	st Report	
	lace of Business	2a. Maiting Address	├ ──भ्य				4. FEI Number		-	Applied For	
Suite, Apt.	# ata	26							Not Applicable		
22		Suite, Apt. #, etc.				5. Certificate of Status Desired	S8.75 Additional Fee Required				
Oity & State	6	City & State	·m				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Country 30				This corporation has liability for in Florida Statutes				
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
				81	Name	е					
PELTZ,	.ARVIN		82 Street Adul		et Address	(P.O. Box Number is Not Acceptable	-)				
	iary street Fl 33133		83				···				
MIAMIT	rL 33133			84	Cia						
				1	City			FL	F 1	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 stimit applicable (NOTE Registered Agent signature respired when reinstating) DATE.											
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFIC		DIREC	IORS IN 12	
TITLE	VD DELETE		1.1 7	ITLE		T	☐ Change ☐ Addit			e 🔲 Addition	
NAME	FIDALGO, ORLANDO		1.2 NAME								
STREET ADDRESS	7255 N.W. 12TH STREET		1.3 \$		1.3 STREET ADDRESS						
CITY - ST - ZIP	MIAMI FL 33126		1.4 CITY - ST - ZIP								
TITLE	STD	DELETE	2 1 TIFLE					Change	Addition		
NAME	TEMLING, W. PETER		2 2 NAME								
STREET ADDRESS	3250 MARY STREET		2 3 STREET ADDRESS		;						
CITY-ST-ZIP TITLE	MIAMI FL 33133	□DELETE		CITY-S	T - ZIP	ļ					
NAME	PD	Prefet	3 1 TITLE -			1		Ε	_ Change	Addition	
STREET ADDRESS	WEISER, DOUGLAS J 3250 MARY STREET		3 2 NAME								
CITY-ST-ZIP	MIAMI FL 33133				ADDRESS	i					
TITLE	MIAMI FE 33 133	DELETE	417	CITY-S	T - ZIP				7.05		
NAME		Cotte		VAME		Ì		L] Change	e 🔲 Addition	
STREET ADORESS					+DDOCCC	.					
CITY-ST-ZIF			4 3 STREET ADDRESS 4 4 City - St - Zip			'					
TITLE	DELETE			5 1 TITLE		-†		г	Change	Addition	
NAME				5.2 NAME			للمان المنصل الرواز المنافل ال	_		, L Addition	
STREET ADDRESS			5 3 STREET ADDRESS		.	90000182	834	Ĭ:3			
CiTY-ST-ZIF			5 4 CITY - ST - ZIP			-05/20/960102	(3==03	ſ			
TITLE	DE			61 TITLE			***61.25		Change	Addition	
NAME			62 N	AME				_		_	
STREET ADDRESS			635	TREET A	ADDRESS			_	. 11	1100	
CITY - ST - ZIP			6.4 C/TY - ST - 7/P				51	١X٠	196 OR		
14. Ldo hereb	v certify that the information supplied w	ith this filmo is voluntarily furni-	shed and	dose	not cu	ralify for the	n exemption stated in Section 110.0	7/01/14 51			

Too hereby certify that the information supplied with this tiling is voluntarily turnished and does not quality 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