



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90454 044 \*\*\*\*61.25

<b>DOCUMENT # N95000002874</b>					
1. Entity Name GRAND BAY RESORT AND RESIDENCES MASTER ASSOCIATION, INC.					
Principal Place of Business 3250 MARY STREET COCONUT GROVE, FL 33133			Mailing Address 3250 MARY STREET COCONUT GROVE, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PELTZ, ARVIN 3250 MARY STREET MIAMI, FL 33133				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELVA, MARCO			NAME	
STREET ADDRESS	3250 MARY STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP	
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLIMAN, MAHMOUD			NAME	GARY LAKE
STREET ADDRESS	3250 MARY STREET			STREET ADDRESS	3250 MARY STREET
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHENSTEIN, VICTOR			NAME	
STREET ADDRESS	445 GRAND BAY DRIVE			STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENESES, HECTOR			NAME	
STREET ADDRESS	425 CONRAD BAY DRIVE			STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, SHERWOOD M			NAME	
STREET ADDRESS	3250 MARY STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFTON, DONALD E			NAME	
STREET ADDRESS	3250 MARY STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				Date: 5-30-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	