
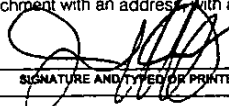


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90032 001 ****61.25

DOCUMENT # N95000002874			
1. Entity Name GRAND BAY RESORT AND RESIDENCES MASTER ASSOCIATION, INC.			
Principal Place of Business 455 GRAND BAY DRIVE KEY BISCAIYNE, FL 33149		Mailing Address 455 GRAND BAY DRIVE KEY BISCAIYNE, FL 33149 US	
2. Principal Place of Business - No P.O. Box #		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	
MARS, GARY ESQ. 150 WEST FLAGLER STREET 27TH FLOOR MIAMI, FL 33130		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENESES, HECTOR	NAME	
STREET ADDRESS	455 GRAND BAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP	
TITLE	TREA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, GARY	NAME	
STREET ADDRESS	455 GRAND BAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFSON, JEROME	NAME	wolfson, Jerome
STREET ADDRESS	455 GRAND BAY DRIVE	STREET ADDRESS	455 Grand Bay DR
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZOLATO, JOSEPH DR.	NAME	
STREET ADDRESS	455 GRAND BAY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, STANLEY	NAME	Schwartz, Stanley
STREET ADDRESS	455 GRAND BAY DRIVE	STREET ADDRESS	455 Grand Bay DR
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	<input type="checkbox"/> Delete	TITLE	AD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Aitesor, Wilson
STREET ADDRESS		STREET ADDRESS	455 Grand Bay DR
CITY-ST-ZIP		CITY-ST-ZIP	Key Biscayne, FL 33149
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: 		3/24/08 305 285 1115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	