

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002874

FILED
Jan 23, 2009
Secretary of State

Entity Name: GRAND BAY RESORT AND RESIDENCES MASTER ASSOCIATION, INC.

Current Principal Place of Business:

455 GRAND BAY DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

455 GRAND BAY DRIVE
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 65-0815798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARS, GARY ESQ.
150 WEST FLAGLER STREET
27TH FLOOR
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: LAKE, GARY
Address: 455 GRAND BAY DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: P () Delete
Name: WOLFSON, JEROME
Address: 455 GRAND BAY DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SEC () Delete
Name: PIZZOLATO, JOSEPH DR.
Address: 455 GRAND BAY DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD () Delete
Name: SCHWARTZ, STANLEY
Address: 455 GRAND BAY DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: ALTESOR, WILSON
Address: 455 GRAND BAY DR
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME WOLFSON

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date