

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90015 033 \*\*\*\*61.25

**DOCUMENT # N96000003073**

1. Entity Name

**GB VILLAS HOMEOWNERS ASSOCIATION, INC.**

LA

Principal Place of Business

260 CRANDON BLVD.  
 25  
 KEY BISCAVNE FL 33149

Mailing Address

260 CRANDON BLVD.  
 25  
 KEY BISCAVNE FL 33149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

GRAND BAY VILLAS H.O.A.

3. Mailing Address

GRAND BAY VILLAS H.O.A.

Suite, Apt. #, etc.

5 COCONUT LANE

Suite, Apt. #, etc.

5 COCONUT LANE

City & State

KEY BISCAYNE FL

City & State

KEY BISCAYNE, FL

Zip

33149

Country

MIAMI-DADE

Zip

33149

Country

MIAMI-DADE

4. FEI Number

65-0881317

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, MARLENE PA  
 338 MINORCA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Michele L ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)

901 CRANDON Blvd

City KEY BISCAYNE FL

Zip Code 33149

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.

SIGNATURE *Michele Padote*, manager

7/15/01

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LLANES, JOSE L	
STREET ADDRESS	260 CRANDON BLVD., #25	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BANNATYNE, JUAN P	
STREET ADDRESS	260 CRANDON BLVD., #25	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	AVILA, EDUARDO	
STREET ADDRESS	601 BRICKELL KEY DR., STE. E	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONNABEND, LORRAINE	
STREET ADDRESS	5 COCONUT LANE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATENCIO, ALFREDO	
STREET ADDRESS	1 TURTLE WALK	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, MONICA	
STREET ADDRESS	22 GRAND BAY ESTATES CIRCLE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REISS, RICHARD	
STREET ADDRESS	4 TURTLE WALK	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICKNEY, ROSE	
STREET ADDRESS	6 COCONUT LANE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Signature Required* 7/18/01

0000404

CR2E037 (5/01)