


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90313 008 ****61.25

DOCUMENT # N96000003073

1. Entity Name
GRAND BAY VILLAS AND ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**GRAND BAY VILLAS HOA
5 COCONUT LANE
KEY BISCAIYNE FL 33149**

Mailing Address
**GRAND BAY VILLAS HOA
5 COCONUT LANE
KEY BISCAIYNE FL 33149**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



CHECK HERE IF MAKING CHANGES

4. FEI-Number **65-0881317**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MICHELE & ASSOCIATES
901 CRANDON BLVD
KEY BISCAIYNE FL 33149**

7. Name and Address of New Registered Agent
Name **Michele + Associates**
Street Address (P.O. Box Number is Not Acceptable) **240 CRANDON BLVD. Suite 268**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SONNABEND, LOORAIN 5 COCONUT LANE KEY BISCAIYNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAZO, JORGE 38 GRAND BAY ESTATES CIRCLE KEY BISCAIYNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, MONICA 22 GRAND BAY ESTATES CIRCLE KEY BISCAIYNE FL 33149 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REISS, RICHARD 4 TURTLE WALK KEY BISCAIYNE FL 33149 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PICKNEY, ROSE 6 COCONUT LANE KEY BISCAIYNE FL 33149 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KINKSTON, ISABEL 30 GRAND BAY ESTATS CIRCLE KEY BISCAIYNE FL 33149 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBERTO FASINSKY 34 GRAND BAY ESTATES CIRCLE KEY BISCAIYNE FL 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FELIPE SANTO DOMINGO 12 TURTLE WALK KEY BISCAIYNE FL 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Felipe Santo Domingo **Felipe Santo Domingo 1-23-02 305-3613262**

CR2E037 (10/02)