

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. ~~Murphy~~  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N97000000577 (3)**  
1. Corporation Name  
**THE GRANDE ON SAND KEY OWNER'S ASSOCIATION, INC.**



Principal Place of Business: **1180 GULF BLVD CLEARWATER FL 34630**  
Mailing Address: **1180 GULF BLVD CLEARWATER FL 34630**

3. Date Incorporated or Qualified: **01/31/1987**  
4. FEI Number: **39-3424926**  
Applied For:  Not Applicable:

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CHEEZEM, J. MICHAEL  
2201 FOURTH STREET NORTH  
SUITE 200  
ST PETERSBURG FL 33704**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | PD                        | <input type="checkbox"/> DELETE            |
| NAME           | COOPER, GAIL M            |  |
| STREET ADDRESS | 2201 FOURTH ST N, STE 200 |  |
| CITY-ST-ZIP    | CLEARWATER FL 34630       |  |
| TITLE          | SD                        | <input type="checkbox"/> DELETE            |
| NAME           | BEAUMONT, SANDRA D        |  |
| STREET ADDRESS | 2201 FOURTH ST N, STE 200 |  |
| CITY-ST-ZIP    | CLEARWATER FL 34630       |  |
| TITLE          | TD                        | <input checked="" type="checkbox"/> DELETE |
| NAME           | GAEBLER, MARY ELLEN       |  |
| STREET ADDRESS | 2201 FOURTH ST N, STE 200 |  |
| CITY-ST-ZIP    | CLEARWATER FL 34630       |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | STD BEAUMONT, SANDRA D   |
| 2.3 STREET ADDRESS | 2201 FOURTH ST N, STE 200  |
| 2.4 CITY-ST-ZIP    | ST PETERSBURG FL 33704   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | D LEVIEN, WILLIAM  |
| 3.3 STREET ADDRESS | 1180 GULF BLVD.  |
| 3.4 CITY-ST-ZIP    | CLEARWATER FL 33767  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra D. Beaumont* Sandra D. Beaumont 01/06/98 813-5916-7970

CP2E037 (10/97)