


FILED
Mar 08, 1999 8:00 am
Secretary of State

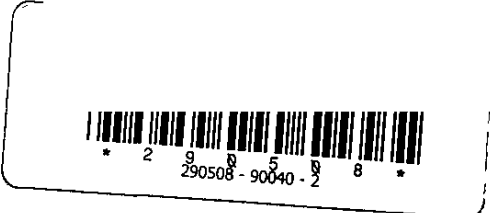
03-08-1999 90042 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N97000000577

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
--	--



21. 1180 Gulf Blvd. Suite, Apt. #, etc.	22. CLEARWATER FL City & State	23. 33767 Zip	24. 33767 Zip	25. FL Country	26. 1180 Gulf Blvd. Suite, Apt. #, etc.	27. CLEARWATER, FL City & State	28. 33767 Zip	29. FL Country	30. 33767 Zip	31. FL Country	3. Date Incorporated or Qualified 01/31/1997	4. FEI Number 59-3424926	Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent								

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

LEIGHTON, LENNARD A.
 SEABOARD ARBORS MANAGEMENT SERVICES, INC
 1700 MC MULLEN BOOTH RD, C-3
 CLEARWATR, FL 33759

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

SIGNATURE: *[Signature]* DATE: 2/15/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	COOPER, GAIL M		1.2 NAME	STEWART DAMON			
STREET ADDRESS	2201 FOURTH ST N, STE 200		1.3 STREET ADDRESS	1170 GULF BLVD.			
CITY-ST-ZIP	CLEARWATER FL 34630		1.4 CITY-ST-ZIP	CLEARWATER, FL 33767			
TITLE	STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BEAUMONT, SANROA D		2.2 NAME	PHILIP HUMBERT			
STREET ADDRESS	2201 FOURTH ST N, STE 200		2.3 STREET ADDRESS	1170 GULF BLVD.			
CITY-ST-ZIP	ST PETERSBURG FL 33704		2.4 CITY-ST-ZIP	CLEARWATER, FL 33767			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEVIEN, WILLIAM		3.2 NAME	LEVIEN, WILLIAM			
STREET ADDRESS	1180 GULF BLVD		3.3 STREET ADDRESS	1170 Gulf Blvd.			
CITY-ST-ZIP	CLEARWATER FL 33767		3.4 CITY-ST-ZIP	CLEARWATER, FL 33767			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	LINDA LARSEN			
STREET ADDRESS			4.3 STREET ADDRESS	1180 GULF BLVD.			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CLEARWATER, FL 33767			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	HERMANN GRETSCH			
STREET ADDRESS			5.3 STREET ADDRESS	1180 GULF BLVD.			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CLEARWATER, FL 33767			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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)(f), 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2/12/99 727-593-2079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)