

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000577

1. Entity Name

THE GRANDE ON SAND KEY OWNER'S ASSOCIATION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90313 038 ****61.25

Principal Place of Business 1180 GULF BLVD CLEARWATER FL 34630	Mailing Address 1180 GULF BLVD CLEARWATER FL 33767-2752
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3424926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A
 1700 MC MULLEN BOOTH RD
 #C3
 CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name: Resource Property Management
 Street Address (P.O. Box Number is Not Acceptable): Debbie Reinhardt
103 Cleveland Ave. S.W.
 City: Largo, FL Zip Code: 33770

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: Debbie Reinhardt DATE: 4/11/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE: PD NAME: DAMON, STEWART STREET ADDRESS: 1170 GULF BLVD CITY-ST-ZIP: CLEARWATER FL 33767	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: HUMBERT, PHILIP STREET ADDRESS: 1170 GULF BLVD CITY-ST-ZIP: CLEARWATER FL 33767	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: LEVIEN, WILLIAM STREET ADDRESS: 1170 GULF BLVD CITY-ST-ZIP: CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE: SD NAME: LARSEN, LINDA STREET ADDRESS: 1180 GULF BLVD CITY-ST-ZIP: CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE: TD NAME: GRETSCH, HERMANN STREET ADDRESS: 1180 GULF BLVD CITY-ST-ZIP: CLEARWATER FL 33767	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD NAME: Arden Engebretsen STREET ADDRESS: 1170 Gulf Blvd CITY-ST-ZIP: Clearwater, FL 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: Steward Damon STREET ADDRESS: 1170 Gulf Blvd CITY-ST-ZIP: Clearwater, FL 33767	<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: TD NAME: Susan Cox STREET ADDRESS: 1170 Gulf Blvd. CITY-ST-ZIP: Clearwater, FL 33767	<input type="checkbox"/> Change <input checked="" 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: Debbie Reinhardt DATE: 04-24-00 Daytime Phone #: 727-596-7970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)