

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90161 013 ****61.25

DOCUMENT # N97000000577

1. Entity Name

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

Principal Place of Business

Mailing Address

**1180 GULF BLVD
 CLEARWATER FL 33767**

**1180 GULF BLVD
 CLEARWATER FL 33767**

2. Principal Place of Business

1180 Gulf Blvd.

3. Mailing Address

1180 Gulf Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3424926

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRUDNY, MICHAEL J
 28100 U.S. HIGHWAY 19 NORTH
 SUITE 300
 CLEARWATER FL 33761**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ENGBRETSSEN, ARDEN	
STREET ADDRESS	1170 GULF BLVD	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	GIRETSCH, LIZ	
STREET ADDRESS	1180 GULF BLVD	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVIEN, WILLIAM	
STREET ADDRESS	1170 GULF BLVD	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RENZ, RON	
STREET ADDRESS	1170 GULF BLVD	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COX, SUSAN	
STREET ADDRESS	1170 GULF BLVD	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDER, William R	
STREET ADDRESS	1180 Gulf Blvd. UNIT 1502	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	VDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, III, Case	
STREET ADDRESS	1180 Gulf Blvd., UNIT 2002	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whyte, John J.	
STREET ADDRESS	1170 Gulf Blvd., UNIT 102	
CITY-ST-ZIP	Clearwater, FL 33767	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Courech, Romaine	
STREET ADDRESS	1180 Gulf Blvd.	
CITY-ST-ZIP	Clearwater, FL 33767	
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:

William R. Corder
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02 727-596-7970
 Date Daytime Phone #

CR2E037 (9/01)