

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 10, 2006
Secretary of State**

DOCUMENT# N97000000577

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

Current Principal Place of Business:

1180 GULF BLVD
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

1180 GULF BLVD
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-3424926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
2401 W. BAY DRIVE, SUITE 414
LARGO, FL 337701941 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CORDER, WILLIAM R
Address: 1180 GULF BLVD, UNIT 1502
City-St-Zip: CLEARWATER, FL 33767

Title: VPDT () Delete
Name: EDWARDS, CASE III
Address: 1180 GULF BLVD, UNIT 2002
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: WHYTE, JOHN J
Address: 1170 GULF BLVD, UNIT 102
City-St-Zip: CLEARWATER, FL 33767

Title: SD () Delete
Name: DRAPP, THOMAS
Address: 1170 GULF BLVD UNIT 1806
City-St-Zip: CLEARWATER, FL 33767

Title: D () Delete
Name: KRIZ, FRANK
Address: 1170 GULF BLVD UNIT 1702
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STALLINGS, DAVID
Address: 1180 GULF BLVD, UNIT 905
City-St-Zip: CLEARWATER, FL 33767

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R CORDER

PD

04/10/2006

Electronic Signature of Signing Officer or Director

Date