

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006152

FILED
Apr 25, 2007
Secretary of State

Entity Name: GRANDE CAY RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

GRANDE CAY CIRCLE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15751 SAN CARLOS BLVD #8
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 59-3623057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIDDLETON, CR
D G SUITOR & ASSOCIATES
15751 SAN CARLOS BLVD #8
FT MYERS, FL 33908 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: D () Delete
Name: CONLIN, THOMAS
Address: 14501 GRANDE CAY CR 2703
City-St-Zip: FT MYERS, FL 33908

Title: T () Delete
Name: BANGLES DORF, WILLIAM
Address: 14531 GRANDE CAY CIRCLE 3007
City-St-Zip: FT MYERS, FL 33908

Title: P () Delete
Name: GILL, MIKE
Address: 14590 GRANDE CAY CIRCLE 2601
City-St-Zip: FT MYERS, FL 33908

Title: VP () Delete
Name: COLLINS, DENNY
Address: 14571 GRANDE CAY CIRCLE #3009
City-St-Zip: FT MYERS, FL 33908

Title: S () Delete
Name: LADNER, RICHARD
Address: 14571 GRANDE CAY CIRCLE #3007
City-St-Zip: FORT MYERS, FL 33908

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: S (X) Change () Addition
Name: KIN, NILES
Address: 14560 GRANDE CAY CIRCLE #2601
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Change (X) Addition
Name: COLLINS, DENNY
Address: 14531 GRANDE CAY CR #3009
City-St-Zip: FT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify 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: MIKE GILL

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date