

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006152

**FILED**  
**Apr 08, 2010**  
**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: T  
Name: GILL, MIKE  
Address: 14501 GRANDE CAY CR 2601  
City-St-Zip: FT MYERS, FL 33908

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

Title: S  
Name: MAXEMOVICH, LAURA  
Address: 14541 GRANDE CAY CIR #3108  
City-St-Zip: FORT MYERS, FL 33908

Title: VP  
Name: MESSERICK, PATRICK  
Address: 14541 GRANDE CAY CIR #3110  
City-St-Zip: FORT MYERS, FL 33908

Title: D  
Name: COLLINS, DENNIS  
Address: 17709 BRIGHTEN DR. #1  
City-St-Zip: LEWES, DE 19958

I hereby 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 all other like empowered.

SIGNATURE: C.R. MIDDLETON

MGR

04/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date