2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver or if changed, or on an attachment will

SIGNATURE:

May 05, 2006 8:00 am Secretary of State DOCUMENT # N04000004865 1. Entity Name 05-05-2006 90164 023 ****61.25 GRAND OAKS CONDOMINIUM ASSOCIATION OF MANATEE, INC. Principal Place of Business Mailing Address 4928 25TH STREET WEST BRADENTON FL 34207 C/O CASEY CONDO MGMT LLC 4370 S TAMIAMI TRAIL #156X SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 102 Applied For City & State 4. FEI Number City & State 03-0528032 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASEY CONDO. MGMT. LLC Street Address (P.O. Box Number is Not Acceptable) 4370 S TAMIAMI TRAIL #138 1205 MANATEE AVENUE WEST STE-102 SARASOTA FL 34231 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. I am familiar with, and accept the obligations of registered agent. 4-18.06 SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change TITLE ☐ Addition PDDelete TITLE BRYANS, ROSS NAME BRYANS, ROSS NAME 3628 BOCA POINT DRIVE SARASOTA, FL 34238 3876 TORREY PINES BLVD STREET ADDRESS STREET ADDRESS SARASOTA FL 34230 CITY-ST-ZIP CITY-S1-ZIP ☐ Change Addition ☐ Defete TITLE VPD AUGUSTINE, D. RYAN MAME NAMI STREET ADDRESS 7542 SIKEDEER WAY STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CITY-SI-7IP Addition Delete TITLE Change TITLE STD NAME FOX, NAME SANDRA STREET ADDRESS STREET ADDRESS 4905 25TH STREET W, #101 CITY-ST-ZIP CITY - ST- ZIP BRADENTON, FL 34207 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. Further certify that the information indicated on this report or supplemen 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 be empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

with all other like empowered.

4/15/06 (941) 8090034

FILED