

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002874

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC9148499634**

**Entity Name:** GRAND BAY RESORT AND RESIDENCES MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

455 GRAND BAY DRIVE  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

455 GRAND BAY DRIVE  
KEY BISCAYNE, FL 33149

**FEI Number: 65-0815798**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RAGAN, MARNIE ESQ.  
14 NE 1ST AVENUE  
2ND FLOOR  
MIAMI, FL 33132 US

*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: MARNIE DALE RAGAN**

**01/10/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name FLINT, DEREK  
Address 455 GRAND BAY DRIVE  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR  
Name COLLETT, TIM  
Address 455 GRAND BAY DRIVE  
City-State-Zip: KEY BISCAYNE FL 33149

Title TREASURER  
Name MUNK, ALFONSO  
Address 455 GRAND BAY DRIVE  
City-State-Zip: KEY BISCAYNE FL 33149

Title PRES  
Name SCHWARTZ, STANLEY  
Address 455 GRAND BAY DRIVE  
City-State-Zip: KEY BISCAYNE FL 33149

Title SECRETARY  
Name MARTIN, CARMEN  
Address 455 GRAND BAY DR  
City-State-Zip: KEY BISCAYNE FL 33149

*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: STANLEY SCHWARTZ**

**PRESIDENT**

**01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date