

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90058 011 ****61.25

DOCUMENT # 753208

1. Entity Name

GRAND SHORES LESSEES ASSOCIATION, INC.



Principal Place of Business

757 ARLINGTON AVE NORTH
SAINT PETERSBURG FL 33701

Mailing Address

1301 FOURTH STREET N
P.O. BOX 27
ST.PETERSBURG FL 33731

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2231850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, WALTER E. ESQ.
757 ARLINGTON AVE NORTH
SAINT PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, WALTER E	
STREET ADDRESS	757 ARLINGTON AVE	
CITY- ST- ZIP	SAINT PETERSBURG FL 33701	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PAPOLOS, ROBERT	
STREET ADDRESS	17350 GULF BLVD	
CITY- ST- ZIP	N REDINGTON BCH FL 33708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAPOLOS, LINDA	
STREET ADDRESS	17350 GULF BLVD	
CITY- ST- ZIP	N REDINGTON BCH FL 33708	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DELLANE, PATRICIA	
STREET ADDRESS	17350 GULF BLVD	
CITY- ST- ZIP	N REDINGTON BCH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKROBACZ, TONY	
STREET ADDRESS	17350 GULF BLVD	
CITY- ST- ZIP	N REDINGTON BCH FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VARNEY, FRED	
STREET ADDRESS	17350 GULF BLVD	
CITY- ST- ZIP	N REDINGTON BCH FL 33708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK HOGG
STREET ADDRESS	17350 GULF BLVD
CITY- ST- ZIP	N. REDINGTON BCH, FLA 33708

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #