


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 753208 1. Entity Name GRAND SHORES LESSEES ASSOCIATION, INC.	
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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
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01152008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2231850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, WALTER E 757 ARLINGTON AVE SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAPOLOS, ROBERT 17350 GULF BLVD N REDINGTON BCH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAPOLOS, LINDA 17350 GULF BLVD N REDINGTON BCH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELLANE, PATRICIA 17350 GULF BLVD N REDINGTON BCH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKROBACZ, TONY 17350 GULF BLVD N REDINGTON BCH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGG, JACK 17350 GULF BLVD N REDINGTON BCH, FL 33708

UD00000792389
01/24/08-80005-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 # _____