

**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.



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**



01152008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**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: SD
NAME: SMITH, WALTER E
STREET ADDRESS: 757 ARLINGTON AVE
CITY-ST-ZIP: SAINT PETERSBURG, FL 33701

TITLE: PD
NAME: PAPOLOS, ROBERT
STREET ADDRESS: 17350 GULF BLVD
CITY-ST-ZIP: N REDINGTON BCH, FL 33708

TITLE: TD
NAME: PAPOLOS, LINDA
STREET ADDRESS: 17350 GULF BLVD
CITY-ST-ZIP: N REDINGTON BCH, FL 33708

TITLE: VPD
NAME: DELLANE, PATRICIA
STREET ADDRESS: 17350 GULF BLVD
CITY-ST-ZIP: N REDINGTON BCH, FL 33708

TITLE: D
NAME: SKROBACZ, TONY
STREET ADDRESS: 17350 GULF BLVD
CITY-ST-ZIP: N REDINGTON BCH, FL 33708

TITLE: D
NAME: HOGG, JACK
STREET ADDRESS: 17350 GULF BLVD
CITY-ST-ZIP: N REDINGTON BCH, FL 33708

U00000792389
01/24/08-80005-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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 # _____