

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753208

FILED
Apr 24, 2009
Secretary of State

Entity Name: GRAND SHORES LESSEES ASSOCIATION, INC.

Current Principal Place of Business:

757 ARLINGTON AVE NORTH
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

757 ARLINGTON AVE N
P.O. BOX 27
ST.PETERSBURG, FL 33731

FEI Number: 59-2231850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SMITH, WALTER E
Address: 757 ARLINGTON AVE
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: PD () Delete
Name: PAPOLOS, ROBERT
Address: 17350 GULF BLVD
City-St-Zip: N REDINGTON BCH, FL 33708

Title: TD () Delete
Name: PAPOLOS, LINDA
Address: 17350 GULF BLVD
City-St-Zip: N REDINGTON BCH, FL 33708

Title: VPD () Delete
Name: DELLANE, PATRICIA
Address: 17350 GULF BLVD
City-St-Zip: N REDINGTON BCH, FL 33708

Title: D () Delete
Name: SKROBACZ, TONY
Address: 17350 GULF BLVD
City-St-Zip: N REDINGTON BCH, FL 33708

Title: D () Delete
Name: HOGG, JACK
Address: 17350 GULF BLVD
City-St-Zip: N REDINGTON BCH, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WALTER E SMITH

RA

04/24/2009

Electronic Signature of Signing Officer or Director

Date