

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001583

Entity Name: GREAT BAY HOMES, INC.

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

11 BAYVIEW AVENUE
NORTHPORT, NY 11768

New Principal Place of Business:

1946 SW BILTMORE STREET
PORT ST. LUCIE, FL 34984

Current Mailing Address:

11 BAYVIEW AVENUE
NORTHPORT, NY 11768

New Mailing Address:

1946 SW BILTMORE STREET
PORT ST. LUCIE, FL 34984

FEI Number: 02-0626043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERKMAN, CHRISTOPHER
2758 SW SAVONA BLVD.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

BERKMAN, CHRISTOPHER
1946 SW BILTMORE STREET
PORT ST. LUCIE, FL 34984 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: CHRISTOPHER BERKMAN

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CST () Delete
Name: O'CONNOR, THOMAS M
Address: 11 BAYVIEW AVENUE
City-St-Zip: NORTHPORT, NY 11768

Title: VCP () Delete
Name: MARTIN, DAVID
Address: 11 BAYVIEW AVENUE
City-St-Zip: NORTHPORT, NY 11768

Title: S () Delete
Name: TASSA, JOSEPH
Address: 11 BAYVIEW AVENUE
City-St-Zip: NORTHPORT, NY 11768

Title: D () Delete
Name: MARTIN, JOHN
Address: 11 BAYVIEW AVENUE
City-St-Zip: NORTHPORT, NY 11768

Title: V () Delete
Name: BERKMAN, CHRISTOPHER
Address: 2758 SW SAVONA BLVD
City-St-Zip: PORT ST. LUCIE, FL

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: D (X) Change () Addition
Name: MARTIN, JOHN
Address: 1946 SW BILTMORE STREET
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: V (X) Change () Addition
Name: BERKMAN, CHRISTOPHER
Address: 1946 SW BILTMORE STREET
City-St-Zip: PORT ST. LUCIE, FL 34984

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. O'CONNOR

CST

01/03/2005

Electronic Signature of Signing Officer or Director

Date