1/23

FILED
Feb 25, 2004 8:00 am
Secretary of State

01-23-2004 90031 001 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000000712

1. Entity Name
GRANDES BAY ESTATES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business
C/O GRS MANAGEMENT ASSOC. INC.
3900 WOODLAKE BLVD STE 201
LAKE WORTH, FL 33463

Mailing Address
C/O GRS MANAGEMENT ASSOC. INC.
3900 WOODLAKE BLVD STE 201
LAKE WORTH, FL 33463

44003700

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

01142004 Chg-NP CR2E037 (10/03)

4. FEI Number: 65-1103530 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KIMBALL FLETCHER, PATRICIA P.A.
~~200 S BISCAYNE BLVD, STE 3410~~
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: Jay Steven Levine
Street Address (P.O. Box Number is Not Acceptable): 3300 PGA Blvd
[struck out] Ste 970
City: Palm Beach Gardens FL Zip Code: 33410

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] 2-10-04
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, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP ☑ Delete	TITLE	PD ☐ Change ☑ Addition
NAME	DREWS, ROBERT	NAME	Rapper, Rosa
STREET ADDRESS	1013 N STATE RD #7	STREET ADDRESS	4667 Island Reef Dr.
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP	Wellington, FL 33467
TITLE	DVP ☑ Delete	TITLE	VPD ☐ Change ☑ Addition
NAME	GOSSELIN, ANETTE	NAME	Mourad, Maher
STREET ADDRESS	1013 N STATE RD #7	STREET ADDRESS	4672 Sugar Beach Way
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP	Wellington, FL 33467
TITLE	D ☑ Delete	TITLE	STD ☐ Change ☑ Addition
NAME	INDIVIDIGLIO, MARIO	NAME	DeCosmo, Rebecca
STREET ADDRESS	1013 N STATE RD #7	STREET ADDRESS	11391 Paradise Cove Ln
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP	Wellington, FL 33467
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Rebecca B. DeCosmo 1/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #