FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90002 013 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000000712

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

50061288

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

2. Principal Place of Business	3. Mailing Address
C/O CAMPBELL PROPERTY MGMT	C/O CAMPBELL PROPERTY MGMT
Suite, Apt. #, etc.: 3918 VIA POINCIANA DR, STE #9	Suite, Apt. #, etc.: 3918 VIA POINCIANA DR, STE #9
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 33467 Country: PALM BEACH	Zip: 33467 Country: PALM BEACH

07212005 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

LEVINE, JAY STEVEN
3300 PGA BLVD.
STE. 970
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 September 7, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PAPPER, ROSA 4667 ISLAND REEF DR. LAKE WORTH, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOURAD, MAHER 4672 SUGAR BEACH WAY WELLINGTON, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DECOSMO, REBECCA 11391 PARADISE COVE LANE LAKE WORTH, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 DeCosmo Rebecca DeCosmo 8/3/05 ...-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #