2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90162 008 ****61.25

400592bb

DOCUMENT # N01000000712

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

Principal Place of Business	Mailing Address
C/O CAMPBELL PROPERTY MGMT 3918 VIA POINCIANA DR, STE # 9 LAKE WORTH, FL 33467	C/O CAMPBELL PROPERTY MGMT 3918 VIA POINCIANA DR, STE # 9 LAKE WORTH, FL 33467

03232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3461-B FAIRLANE FARMS Rd, Suite, Apt. #, etc.	3461-B FAIRLANE FARMS Rd Suite, Apt. #, etc.
City & State: WELLINGTON, FL	City & State: Wellington, FL
Zip: 33414-3450 Country	Zip: 33414-3450 Country

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

SIEGFRIED, RIVERA, LERNER, DE LA TORRE
515 NORTH FLAGLER DRIVE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: John Newsome
Street Address (P.O. Box Number is Not Acceptable): 3461-B FAIRLANE FARMS Rd.
City: WELLINGTON FL Zip Code: 33414-3450

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 _____ 3-30-07
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, 2007

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 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: _____ 3-30-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #