

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-17-2002 90033 032 ****61.25
03-06-2002 90008 041 ****61.25

DOCUMENT # N01000006432
1. Entity Name
THE GRAND MARINA AT DEERING BAY ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
24301 Walden Center Drive
Suite, Apt. #, etc.
300
City & State
Bonita Springs, FL
Zip
34134 Country
USA

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

4. FEI Number
59-3754353 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

91723

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7. Name and Address of Current Registered Agent
Name
Vivien N. Hastings
Street Address (P.O. Box Number is Not Acceptable)
24301 Walden Center Drive, Ste 300
City
Bonita Springs FL Zip Code
34134

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.

SIGNATURE *Vivien Hastings* **Vivien N. Hastings** DATE **04/23/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP John Coölhan 13660 Deering Bay Drive Coral Gables, FL 33158	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP Richard Newman 24301 Walden Center Dr., #300 Bonita Springs, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Edward Sabnàbria 24031 Walden Center Dr., #300 Bonita Springs, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Vivien N. Hastings 24301 Walden Center Drive, #3000 Bonita Springs, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Vivien Hastings* **Vivien N. Hastings, Secretary** DATE **04/23/02** PHONE # **(239) 498-8605**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR