


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90014 024 \*\*\*\*61.25

DOCUMENT # N01000006432					
1. Entity Name THE GRAND MARINA AT DEERING BAY ASSOCIATION, INC.					
Principal Place of Business % 13610 DEERING BAY DRIVE CORAL GABLES, FL 33158		Mailing Address % 13610 DEERING BAY DRIVE CORAL GABLES, FL 33158		44051941	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-3754353	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHIELDS, CHRISTOPHER 1833 HENDRY STREET FT. MYERS, FL 33901			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOLHAN, JOHN		NAME	FIORENTINO, PATRICK	
STREET ADDRESS	13660 DEERING BAY DRIVE		STREET ADDRESS	13610 DEERING BAY DR	
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	SV	<input checked="" type="checkbox"/> Delete	TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMAN, RICK		NAME	SHUKANY, WALTER	
STREET ADDRESS	24301 WALDEN CENTER DRIVE, SUITE 300		STREET ADDRESS	13610 DEERING BAY DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLARD, MICHAEL		NAME	NAHMAD, MAURICE	
STREET ADDRESS	24301 WALDEN CENTER DRIVE		STREET ADDRESS	13610 DEERING BAY DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASTINGS, VIVIEN		NAME	MILLORI, MANUEL	
STREET ADDRESS	13660 DEERING BAY DRIVE		STREET ADDRESS	13610 DEERING BAY DR	
CITY-ST-ZIP	CORAL GABLES, FL 33158		CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORRITSMAN, CANDACE		NAME	HILL, DAVID	
STREET ADDRESS	24301 WALDEN CENTER DR		STREET ADDRESS	13610 DEERING BAY DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP	CORAL GABLES, FL 33158	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____				Date: 07-12-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 305-232-1741	