


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
06 OCT 27 PM 2:21
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10142008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3754353	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
SKRLD, INC. 201 ALHAMBRA CIRCLE STE 1102 CORAL GABLES, FL 33134			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					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	PD FIORENTINO, PATRICK 8490 SW 53RD COURT CORAL GABLES, FL 33158	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200137329102 10/27/08--01061--018 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORCISE, STEVE JR 6800 SW 101ST STREET PINECREST, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NAHMAD, MAURICE PO BOX 560307 MIAMI, FL 33256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLOR, MANUEL 151 PALOMA DRIVE CORAL GABLES, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GADALA-MARIA, JACOBO 4975 SW 80TH ST CORAL GABLES, FL 33158	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROBERT LEVENSON 13645 DEERING BAY DR., # 123 CORAL GABLES, FL 33158	
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: _____			Date		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

10/28/08