

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006432

FILED
Feb 23, 2009
Secretary of State

Entity Name: THE GRAND MARINA AT DEERING BAY ASSOCIATION, INC.

Current Principal Place of Business:

% 13610 DEERING BAY DRIVE
CORAL GABLES, FL 33158

New Principal Place of Business:

Current Mailing Address:

% 13610 DEERING BAY DRIVE
CORAL GABLES, FL 33158

New Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FT. LAUDERDALE, FL 33359

FEI Number: 59-3754353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
STE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FIORENTINO, PATRICK
Address: 8490 SW 53RD COURT
City-St-Zip: CORAL GABLES, FL 33158

Title: VSD () Delete
Name: LEVENSON, ROBERT
Address: 13645 DEERING BAY DR., #123
City-St-Zip: CORAL GABLES, FL 33158

Title: SD () Delete
Name: NAHMAD, MAURICE
Address: PO BOX 560307
City-St-Zip: MIAMI, FL 33256

Title: TD () Delete
Name: MILLOR, MANUEL
Address: 151 PALOMA DRIVE
City-St-Zip: CORAL GABLES, FL 33143

Title: D () Delete
Name: GADALA-MARIA, JACOBO
Address: 4975 SW 80TH ST
City-St-Zip: CORAL GABLES, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LEVENSON, ROBERT
Address: 13645 DEERING BAY DR., #123
City-St-Zip: CORAL GABLES, FL 33158

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

02/23/2009

Electronic Signature of Signing Officer or Director

Date