


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90039 027 \*\*\*\*61.25

<b>DOCUMENT # N02000009099</b>					
<b>1. Entity Name</b> THE GRANDVIEW OF TAMPA MARINA ASSOCIATION, INC.					
<b>Principal Place of Business</b> 777 S HARBOUR ISLAND BLVD. STE. 270 TAMPA, FL 33602			<b>Mailing Address</b> 777 S HARBOUR ISLAND BLVD. STE. 270 TAMPA, FL 33602		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 3001 Executive Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 260			
<b>City &amp; State</b>		<b>City &amp; State</b> Clearwater FL			
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 33762	<b>Country</b> USA	<b>4. FEI Number</b> 54-2098368	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CONDOMINIUM ASSOCIATES 777 S HARBOUR ISLAND BLVD. STE. 270 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP <b>NAME</b> BRIDGES, ALAN <b>STREET ADDRESS</b> 5210 CAUSEWAY BLVD. <b>CITY-ST-ZIP</b> TAMPA, FL 33619	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> BAJO, PEDRO <b>STREET ADDRESS</b> 371 CHANNELSIDE WALK WY, # 503 <b>CITY-ST-ZIP</b> TAMPA, FL 33602	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DST <b>NAME</b> WILSON, GEORGE <b>STREET ADDRESS</b> 371 CHANNELSIDE WALKWAY, #504 <b>CITY-ST-ZIP</b> TAMPA, FL 33602	<input type="checkbox"/> Delete		<b>TITLE</b> DST <b>NAME</b> George Wilson <b>STREET ADDRESS</b> 6009 Robertson <b>CITY-ST-ZIP</b> Tampa Fl. 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>George Wilson</i>			4-6-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		