


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000000760</b> 1. Entity Name <b>GRANDE BAY HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>300 E. NEW HAVEN AVE. MELBOURNE, FL 32901</b>	Mailing Address <b>300 E. NEW HAVEN AVE. MELBOURNE, FL 32901</b>
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07052006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>81-0596369</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>PENCE, ROY J 300 EAST NEW HAVEN AVENUE MELBOURNE, FL 32901</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

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

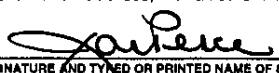
U00000569933  
07/13/06-80009-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PENCE, ROY J 300 E. NEW HAVEN AVE. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PENCE, JAN 300 E. NEW HAVEN AVE. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALCOCK, WILLIAM 300 E. NEW HAVEN AVE. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06

(321) 837-0350

Date Daytime Phone #