

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2009  
Secretary of State**

DOCUMENT# N03000007120

Entity Name: GRAND BAHAMA PROFESSIONAL PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

955 NW 17TH AVE  
BLDG N  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

955 NW 17TH AVE  
BLDG N  
DELRAY BEACH, FL 33445

**New Mailing Address:**

FEI Number: 20-0754456      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VENTRY, LYNNE  
955 NW 17TH AVE  
BLDG N  
DELRAY BEACH, FL 33445 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: P ( ) Delete  
Name: VENTRY, LYNNE  
Address: 955 NW 17TH AVE STE N  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete  
Name: O'MALLEY, CHRIS  
Address: 955 NW 17TH AVE STE L  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete  
Name: ZELLEN, TODD  
Address: 955 NW 17TH AVE STE C  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LYNNE S. K. VENTRY

P

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date