2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009781

VICKERS, JENNIE A

428 EAST BEACH DRIVE

PANAMA CITY, FL 32401

Name:

Address:

City-St-Zip:

FILED Mar 28, 2005 Secretary of State

Entity Nan	ne: GRANDB	AY ASSOCIATION, INC.		•	
Current Principal Place of Business:			New Principal Place of	f Business:	
	BEACH DRIVE DITY, FL 32401				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	BEACH DRIVE CITY, FL 32401				
FEI Number:	90-0149440	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	D.D. PRT RD STE I DITY, FL 32405	5 US	VICE, DARRELL W 400 EAST BEACH DRIV PANAMA CITY, FL 3240		
The above in the State	named entity s of Florida.	ubmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: DARRELL W. VICE				03/28/2005	
	Electroni	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P D () PANASENY, THO 432 EAST BEAC PANAMA CITY, F	H DRIVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP D () DAVIS, RICHARI 418 EAST BEAC PANAMA CITY, I	H DRIVE	Title: (Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	T D () VICE, DARRELL 400 EAST BEAC PANAMA CITY, F	H DRIVE	Title: (Name: Address: City-St-Zip:) Change()Addition	
Title:	SD ()	Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DARRELL W. VICE T D 03/28/2005