

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90001 003 \*\*\*\*61.25

<b>DOCUMENT # N05000002198</b>					
<b>1. Entity Name</b> GRAND BAY OF PUNTA GORDA CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 17781 SE FEDERAL HWY TEQUESTA, FL 33469			<b>Mailing Address</b> 17781 SE FEDERAL HWY TEQUESTA, FL 33469		
<b>2. Principal Place of Business</b> 3334 Purple Martin Dr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 100 Sullivan St Suite, Apt. #, etc.		40095198 	
<b>City &amp; State</b> Punta Gorda FL		<b>City &amp; State</b> Punta Gorda FL		<b>4. FEI Number</b> 20-2427514	
<b>Zip</b> 33952		<b>Country</b> USA		<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> RYAN, MICHAEL J ESQ 17781 SE FEDERAL HWY TEQUESTA, FL 33469			<b>7. Name and Address of New Registered Agent</b> Name: <b>JOAN F GREENE</b> Street Address (P.O. Box Number is Not Acceptable): <b>100 SULLIVAN ST</b> <b>STE 112</b> City: <b>PUNTA GORDA</b> <b>FL</b> Zip Code: <b>33950</b>		
<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: <u>Joan F Greene</u> DATE: <u>3-10-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <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> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P/D</b> RYAN, MICHAEL J 17781 S.E. FED. HWY. TEQUESTA, FL 33469	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD JOE SKOWKRA 3334 Purple Martin Dr #126 Punta Gorda FL 33950	<input type="checkbox"/> Change <input checked="" 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>	TD Robert Pachla 5313 Alyssa Court Shelby Township MI 48315	<input type="checkbox"/> Change <input checked="" 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>	SD RAY KWAY 500 Oak Bluff Ct Moriches NY 11955	<input type="checkbox"/> Change <input checked="" 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> <u>Joseph Skowkra</u>			Joseph Skowkra		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/13/06 941-637-1110 <small>Date Daytime Phone #</small>		