2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002198

FILED Mar 01, 2009 Secretary of State

Entity Name: GRAND BAY OF PUNTA GORDA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3334 PURPLE MARTIN DR 3334 PURPLE MARTIN DR PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 US

Current Mailing Address: New Mailing Address:

100 SULLIVAN ST STE 112 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 US

FEI Number: 20-2427514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GREENE, JOAN F 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete SKOWKRA, JOS SKOWKRA, JOS Name: Name:

3334 PURPLE MARTIN DR STE 126 Address: 3334 PURPLE MARTIN DR STE 126 Address:

City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: PUNTA GORDA, FL 33950 US

Title: () Delete Title: (X) Change () Addition Name: PACHLE, ROBERT Name: PACHLE, ROBERT Address: 53133 NYLSSA CRT Address: 53133 NYLSSA CRT City-St-Zip: UTICA, MI 48315 City-St-Zip: UTICA, MI 48315 US

Title: () Delete Title: SD (X) Change () Addition

KWAY, RAY Name: KWAK, RAY Name: 500 OAK BLUFF CT 500 OAK BLUFF CT Address: Address: City-St-Zip: MORICHES, NY 11955 City-St-Zip: MORICHES, NY 11955 US

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: JOE SKOWYRA **PRES** 03/01/2009