


FILED
May 02, 2007 8:00 am
Secretary of State

40001000

DOCUMENT # N05000002282				Secretary of State 05-02-2007 90046 019 ****61.25	
1. Entity Name THE GRANDE RIVIERA CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business 420 GOLDEN GATE POINT SARASOTA, FL 34236		Mailing Address 595 BAY ISLES ROAD SUITE 200 LONGBOAT KEY, FL 34228	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number 20-2988463	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent	
BETH CALLANS MANAGEMENT CORPORATION 595 BAY ISLES ROAD SUITE 200 LONGBOAT KEY, FL 34228		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code			
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 May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, ANGUS		NAME		
STREET ADDRESS	420 GOLDEN GATE POINT #PH800		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSKAMP, ROBERT		NAME		
STREET ADDRESS	420 GOLDEN GATE POINT #PH900		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANKFORD, THOMAS		NAME		
STREET ADDRESS	420 GOLDEN GATE POINT #600B		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Cecil Pruitt D	
STREET ADDRESS			STREET ADDRESS	420 Golden Gate Point #300B	
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Kathy Babcock D	
STREET ADDRESS			STREET ADDRESS	420 Golden Gate Point #200B	
CITY-ST-ZIP			CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Angus C. Rogers</u>		ANGUS C. ROGERS		14 Feb 07 941 362 9377	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	