

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002282

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE GRANDE RIVIERA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

420 GOLDEN GATE POINT
SARASOTA, FL 34236

New Principal Place of Business:

595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228

FEI Number: 20-2988463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORPORATION
595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228 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: DP () Delete
Name: ROGERS, ANGUS
Address: 420 GOLDEN GATE POINT #PH800
City-St-Zip: SARASOTA, FL 34236

Title: DVP () Delete
Name: ROSKAMP, ROBERT
Address: 420 GOLDEN GATE POINT #PH900
City-St-Zip: SARASOTA, FL 34236

Title: DST () Delete
Name: LANKFORD, THOMAS
Address: 420 GOLDEN GATE POINT #600B
City-St-Zip: SARASOTA, FL 34236

Title: E () Delete
Name: PRUITT, CECIL
Address: 420 GOLDEN GATE PT. #300B
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: BABCOCK, KATHY
Address: 420 GOLDEN GATE PT. #200B
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROSKAMP, ROBERT
Address: 420 GOLDEN GATE POINT #PH900
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PRUITT, CECIL
Address: 420 GOLDEN GATE PT. #300B
City-St-Zip: SARASOTA, FL 34236

Title: DVP (X) Change () Addition
Name: BABCOCK, KATHY
Address: 420 GOLDEN GATE PT. #200B
City-St-Zip: SARASOTA, FL 34236

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: ANGUS ROGERS

DP

01/07/2009

Electronic Signature of Signing Officer or Director

Date