

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90025 004 ****61.25

DOCUMENT # N28070

1. Entity Name

GRAND BAY AT OAK HARBOUR HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

GRAND BAY AT OAK HARBOR
 OAK HARBOUR DR.
 JUNO BEACH FL 33408

Mailing Address

400 TONEY PENNA DR
 JUPITER FL 33458

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MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0112282

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAUGHN, DAVID
 DICKINSON MANAGEMENT, INC.
 400 TONEY PENNA
 JUPITER FL 33458

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUSUMANO, ROBERT	
STREET ADDRESS	41 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EKEY, RICHARD	
STREET ADDRESS	5 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GALARDI, KATIE	
STREET ADDRESS	196 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FERGUSON, GARY	
STREET ADDRESS	8 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANDER, TERRI	
STREET ADDRESS	42 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDEN, RICHARD	
STREET ADDRESS	3 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL 33408	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALARDI, KATIE	
STREET ADDRESS	19 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Robert L. Cusumano* 2/20/04 561-622-8825
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #