

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N 32925			
1. Entity Name GRAND BAY PROPERTY OWNERS ASSOCIATION, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business AKAM SOUTH, INC. Suite, Apt. #, etc.		3. Mailing Address 6421 CONGRESS AVE Suite, Apt. #, etc.	
#110 City & State BOCA RATON FL		4. FFI Number 650151270	
Zip 33487		Country	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name AKAM SOUTH, INC.			
Street Address (P.O. Box Number is Not Acceptable) 6421 CONGRESS AVE			
Suite # 110			
City BOCA RATON FL Zip Code 33487			
DO NOT WRITE IN THIS SPACE			
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 <i>Aladea Green</i> CCAL-			
Signature of individual or entity registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)			
FEE IS \$61.25 Initial or Amended UBR		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	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Jerry Spevack</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date Daytime Phone #			

FILED
05 JUN 17 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FL 32399

CR2E037B (12/02)