

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33965 (7)

1. Corporation Name

GRAND BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 12
991 N. BARFIELD DRIVE
MARCO ISLAND FL 33969

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991 N. BARFIELD DRIVE
MARCO ISLAND FL 33969

3. Date Incorporated or Qualified

08/30/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0201111

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREUSEL, JAMIE
1104 N. COLLIER BLVD.
991 N. BARFIELD DRIVE
MARCO ISLAND FL 33937**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VANDERSLUIS, TERRY	
STREET ADDRESS	991 N. BARFIELD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOONEY, JAMES	
STREET ADDRESS	991 N. BARFIELD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, ROBERT	
STREET ADDRESS	991 N. BARFIELD DR	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GANDRE, ROBERT	
1.3 STREET ADDRESS	991 N. BARFIELD	
1.4 CITY-ST-ZIP	MARCO ISLAND, FL.	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRADEN, VICTOR	
2.3 STREET ADDRESS	991 N. BARFIELD	
2.4 CITY-ST-ZIP	MARCO ISLAND, FL.	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HERWIG, WESLEY	
3.3 STREET ADDRESS	991 N. BARFIELD	
3.4 CITY-ST-ZIP	MARCO ISLAND, FL.	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SCHREINER, HILDA	
4.3 STREET ADDRESS	991 N. BARFIELD	
4.4 CITY-ST-ZIP	MARCO ISLAND, FL.	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HERROKA, JAMES	
5.3 STREET ADDRESS	991 N. BARFIELD	
5.4 CITY-ST-ZIP	MARCO ISLAND, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wesley Herwig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

941 645-5466
Daytime Phone #

CR2E037 (12/95)