

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90185 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33965
 1. Corporation Name
GRAND BAY CONDOMINIUM ASSOCIATION, INC.

558595 - 90030 - 12



Principal Place of Business P O BOX 12 991 N. BARFIELD DRIVE MARCO ISLAND FL 33969	Mailing Address P O BOX 12 991 N. BARFIELD DRIVE MARCO ISLAND FL 33969
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/30/1989
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0201111
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
26 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ED BURT 990 CAPE MARCO DR. APT. 401 MARCO ISLAND FL 34145	10. Name and Address of New Registered Agent 81 Name SAFE HARBOR PROPERTY MGMT. 82 Street Address (P.O. Box Number is Not Acceptable) 233 S. COLLIER BLVD. 83 84 City MARCO ISLAND FL 85 Zip Code 33985
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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]* DATE: **4/28/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	VANDERLUIS, LINDA <input checked="" type="checkbox"/> DELETE	1.1 TITLE ST James Mooney	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	911 BARFIELD DR.	1.2 NAME	991 N. Barfield Dr., #307
STREET ADDRESS	MARCO ISLAND FL 34145	1.3 STREET ADDRESS	Marco Island, FL 34145
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE DT	CURTIS, CHRISTY R. <input checked="" type="checkbox"/> DELETE	2.1 TITLE VP Delores Harrod	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	911 N BARFIELD DR	2.2 NAME	1210 Dalmally Ct.
STREET ADDRESS	MARCO ISLAND FL 34145	2.3 STREET ADDRESS	Louisville, KY 40222
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	HERWIC, PAMELA <input type="checkbox"/> DELETE	3.1 TITLE P Pamela Herwig	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	911 N BARFIELD DR.	3.2 NAME	991 N. Barfield Dr., #407
STREET ADDRESS	MARCO ISLAND FL 34145	3.3 STREET ADDRESS	Marco Island, FL 34145
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE DS	BAKER, WINOGENE <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	911 N BARFIELD DR.	4.2 NAME	
STREET ADDRESS	MARCO ISLAND FL 34145	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/28/99** DAYTIME PHONE # **941-394-1101**

CR2E037 (1/98)