

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33965

1. Entity Name

GRAND BAY CONDOMINIUM ASSOCIATION, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90822 001 ***735.00

Principal Place of Business

Mailing Address

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

P O BOX 12
991 N. BARFIELD DRIVE
MARCO ISLAND FL 34145-2362

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0201111

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAFE HARBOR PROPERTY MGMT
233 S. COLLIER BLVD
MARCO ISLAND FL 34145

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MOONEY, JAMES ☒ Delete
991 N. BARFIELD DR #307
MARCO ISLAND FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
Green, Marlene ☐ Change ☒ Addition
991 N. Barfield Dr., #408
Marco Island, FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HARROD, DELORES ☐ Delete
1210 DALMALLY CT
LOUISVILLE KY 40222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HERWIG, PAMELA ☐ Delete
991 N. BARFIELD DR #407
MARCO ISLAND FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 is 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)