

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-19-2002 90221 009 ****61.25

DOCUMENT # N33965

1. Entity Name

GRAND BAY CONDOMINIUM ASSOCIATION, INC.

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 33969



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0201111

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE **S T** Change Addition

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

TITLE **VP T** Change Addition

TITLE **STD** Delete
 NAME **METROKA, JULES**
 STREET ADDRESS **19 COUNTRY CLUB DR**
 CITY-ST-ZIP **WHITE PLAINS NY 10607**

TITLE **D** Change Addition
 NAME **HEARN, KAREN**
 STREET ADDRESS **5095 SUGARCAMP RD**
 CITY-ST-ZIP **MILFORD, OH 45150**

TITLE **D** Delete
 NAME **SUPPO, DEL**
 STREET ADDRESS **38 MANOR RD**
 CITY-ST-ZIP **DONORA PA 15033**

TITLE **T** Change Addition

TITLE Delete

TITLE **P T** Change Addition
 NAME **WOODCROFT, RICHARD**
 STREET ADDRESS **991 N. BARFIELD DR, #408**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE Delete

TITLE 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 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
 Date

(239) 394-1101
 Daytime Phone #

CP2E037 (9/01)