


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90107 038 \*\*\*\*61.25

<b>DOCUMENT # N33965</b> 1. Entity Name GRAND BAY CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 267 N COLLIER BLVE 201 MARCO ISLAND, FL 34145	Mailing Address P O BOX 12 991 N. BARFIELD DRIVE MARCO ISLAND, FL 33969
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**60002700**



2. Principal Place of Business - No P.O. Box # <b>950 N. Collier Blvd</b>	3. Mailing Address <b>P.O. Box 12</b>
Suite, Apt. #, etc. <b>415</b>	Suite, Apt. #, etc.
City & State <b>Marco Island, FL.</b>	City & State <b>Marco Island, FL.</b>
Zip <b>34145</b>	Country <b>US</b>

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0201111</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  PPM LLC 267 N COLLIER BLVD STE201 MARCO ISLAND, FL 34146	
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7. Name and Address of New Registered Agent Name <b>New Beginnings</b> Street Address (P.O. Box Number is Not Acceptable) <b>950 N. Collier Blvd</b> <b>415</b> City <b>Marco Island</b> FL Zip <b>34145</b>	
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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 <u><i>Karen R. Hearn</i></u> <b>Manager</b> <span style="float: right;">1/11/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> <span style="float: right;">DATE</span>	
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINS, SUMMER 991 N BARFIELD DR #408 MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUPPO, DEL 38 MANOR RD DONORA, PA 15033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEARN, KAREN 5095 SUGARCAMP RD MILFORD, OH 45150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRANKKALA, SAM 991 B BRURFIELD DR 401 MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURNS, ROGER 163 SCENIC LAKE DRIVE RIVERHEAD, NY 11901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Karen R. Hearn</i></u> <b>KAREN R. HEARN</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1-15-07 239-393-3439</b> <small>Date Daytime Phone #</small>