

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45611

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** GRAND BAY CONDOMINIUM, INC.

**Current Principal Place of Business:**

7878 PELICAN BAY BLVD  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

COLLIER FINANCIAL, INC.  
4985 TAMiami TRAIL E.  
NAPLES, FL 34113 US

**New Mailing Address:**

**FEI Number:** 65-0324917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, STEPHEN P  
COLLIER FINANCIAL INC  
4985 TAMiami TRAIL E  
NAPLES, FL 34113 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: SHERA, FRANK  
Address: 3017 ROLLSHORE COURT  
City-St-Zip: CARMEL, IN 46033

Title: VD ( ) Delete  
Name: HANSEN, DONALD  
Address: 7900 GRAND BAY DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: PD ( ) Delete  
Name: HORNING, DONALD  
Address: 7968 GRAND BAY DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete  
Name: RADFORD, WILLIAM  
Address: 7956 GRAND BAY DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: TD ( ) Delete  
Name: WEYGANDT, JERRY  
Address: 7988 GRAND BAY DR  
City-St-Zip: NAPLES, FL 34108 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD HORNING

PD

04/17/2009

Electronic Signature of Signing Officer or Director

Date