2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N94000004933

Entity Name: GRAND BAY/LBK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

3060 GRAND BAY BLVD
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

3060 GRAND BAY BLVD
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: 65-0610133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORP.
595 BAT ISLES ROAD
SUITE 201
LONGBOAT KEY, FL 34228 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:	T/S	( ) Delete
Name:	SCHAFFER, SOL D	
Address:	3080 GRAND BAY BLVD. #541	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	P	( ) Delete
Name:	GILMAN, BARBARA	
Address:	3010 GRAND BAY BLVD., #416	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	FINNEGAN, THOMAS	
Address:	3040 GRAND BAY BLVD, #224	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	COYNE, ROBERT	
Address:	3070 GRAND BAY BLVD UNIT 635	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	D	( ) Delete
Name:	KLEIN, DAVID	
Address:	3060 GRAND BAY BLVD., #154	
City-St-Zip:	LONGBOAT KEY, FL 34228	
Title:	VP	( ) Delete
Name:	DILSAVER, CARL	
Address:	3030 GRAND BAY BLVD. # 365	
City-St-Zip:	LONGBOAT KEY, FL 34228	

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:	
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: ROBERT COYNE PRES 05/01/2007

Electronic Signature of Signing Officer or Director — Date