

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001728

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** GRAND CARIBBEAN EAST OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3291 HWY 98 EAST  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DESTIN RESORTS  
321 HWY 98E  
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number:** 59-3307517      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PETERSON, DALE E  
321 HWY 98 EAST  
DESTIN, FL 32541      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: VD      ( ) Delete  
Name: HOBSON, JAMES  
Address: RT. 1 BOX 104A  
City-St-Zip: WEOGUFKA, AL 35183

Title: PD      ( ) Delete  
Name: DOWDY, ANNETTE  
Address: 850 PATTON RD.  
City-St-Zip: NEW BRIGHTON, MN 55112

Title: TD      ( ) Delete  
Name: KEVIN BONGIOVANNI,  
Address: 329 SCENIC HWY 98 UNIT # 209  
City-St-Zip: DESTIN, FL 32541

Title: SD      ( ) Delete  
Name: MCCABE, RONALD  
Address: 4415 HARRISON ST  
City-St-Zip: KANSAS CITY, MO 64110

Title: D      (X) Delete  
Name: HOBSON, JAMES  
Address: RT 1 BOX 104A  
City-St-Zip: WEOGUFKA, AL 35183

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

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

Title: PD      (X) Change ( ) Addition  
Name: DOWDY, ANNETTE  
Address: 850 PATTON ROAD  
City-St-Zip: NEW BRIGHTON, MN 55112

Title: TD      (X) Change ( ) Addition  
Name: KEVIN BONGIOVANNI,  
Address: 4204 JADE LOOP  
City-St-Zip: DESTIN, FL 32541

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 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 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: ANNETTE DOWDY

PD

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date