

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003663 (0)

1. Corporation Name

GRAND BAY/LBK II ASSOCIATION, INC.



Principal Place of Business

Mailing Address

27 AVENUE OF THE FLOWERS  
LONGBOAT KEY FL 34228

27 AVENUE OF THE FLOWERS  
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified  
08/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 550 Bay Isles Road

26 550 Bay Isles Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Longboat Key, FL

28 Longboat Key, FL

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, STEVEN A  
27 AVENUE OF THE FLOWERS  
LONGBOAT KEY FL 34228

81 Name Odorico, Peter

82 Street Address (P.O. Box Number is Not Acceptable)  
550 Bay Isles Road

83

84 City Longboat Key

FL

85 Zip Code 34228

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Peter Odorico, President February 2, 1996

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, STEVEN A	
STREET ADDRESS	27 AVENUE OF THE FLOWERS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOTTA, JAMES D	
STREET ADDRESS	27 AVENUE OF THE FLOWERS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROMANOWSKI, JOSEPH D	
STREET ADDRESS	27 AVENUE OF THE FLOWERS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Odorico, Peter	
1.3 STREET ADDRESS	550 Bay Isles Road	
1.4 CITY-ST-ZIP	Longboat Key, FL 34228	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Motta, James D.	
2.3 STREET ADDRESS	550 Bay Isles Road	
2.4 CITY-ST-ZIP	Longboat Key, FL 34228	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROMANOWSKI, JOSEPH D	
3.3 STREET ADDRESS	550 Bay Isles Road	
3.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	600001755306	
6.3 STREET ADDRESS	-03/25/96--01005--028	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter Odorico, President

2/2/96 941  
383-5645  
SG 3-72-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)