

1997  
2008

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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003663 (0)**  
1. Corporation Name  
**GRAND BAY/LBK II ASSOCIATION, INC.**



Principal Place of Business <b>3033 Grand Bay Blvd. 550 BAY ISLES ROAD LONGBOAT KEY FL 34228</b>	Mailing Address <b>3033 Grand Bay Blvd. - 550 BAY ISLES ROAD - LONGBOAT KEY FL 34228-3129</b>
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3. Date Incorporated or Qualified <b>08/03/1995</b>	3a. Date of Last Report <b>03/22/1996</b>
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2. Principal Place of Business 21 <b>3033 Grand Bay Blvd.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Longboat Key, FL</b> Zip 24 <b>34228</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>3033 Grand Bay Blvd.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Longboat Key, FL</b> Zip 29 <b>34228</b> Country 30 <b>USA</b>
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4. FEI Number <b>APPLIED FOR 65-0678015</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ODORICO, PETER - Roy G. Paskow  
- 550 BAY ISLES ROAD - 3033 Grand Bay Blvd.  
LONGBOAT KEY FL 34228**

10. Name and Address of New Registered Agent

81 Name <b>Roy G. Paskow</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3033 Grand Bay Blvd.</b>
83
84 City <b>Longboat Key FL</b> 85 Zip Code <b>34228</b>

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: *Roy G. Paskow* **Roy G. PASKOW** DATE: **2/4/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ODORICO, PETER</b>	
STREET ADDRESS <b>550 BAY ISLES ROAD</b>	
CITY-ST-ZIP <b>LONGBOAT KEY FL 34228</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MOTTA, JAMES D</b>	
STREET ADDRESS <b>550 BAY ISLES ROAD</b>	
CITY-ST-ZIP <b>LONGBOAT KEY FL 34228</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>ROMANOWSKI, JOSEPH D</b>	
STREET ADDRESS <b>550 BAY ISLES ROAD</b>	
CITY-ST-ZIP <b>LONGBOAT KEY FL 34228</b>	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Paskow, Roy G.</b>	
1.3 STREET ADDRESS <b>3033 Grand Bay Blvd.</b>	
1.4 CITY-ST-ZIP <b>Longboat Key, FL 34228</b>	
2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Granath, John P.</b>	
2.3 STREET ADDRESS <b>3033 Grand Bay Blvd.</b>	
2.4 CITY-ST-ZIP <b>Longboat Key, FL 34228</b>	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Roy G. Paskow* **Roy G. Paskow** DATE: **2/4/97** 941-383-5645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0062677

CR2E037 (9/96)