

1997
2008

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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3033 Grand Bay Blvd. 550 BAY ISLES ROAD LONGBOAT KEY FL 34228	Mailing Address 3033 Grand Bay Blvd. - 550 BAY ISLES ROAD - LONGBOAT KEY FL 34228-3129
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3. Date Incorporated or Qualified 08/03/1995	3a. Date of Last Report 03/22/1996
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2. Principal Place of Business 21 3033 Grand Bay Blvd. Suite, Apt. #, etc. 22 City & State 23 Longboat Key, FL Zip 24 34228 Country 25 USA	2a. Mailing Address 26 3033 Grand Bay Blvd. Suite, Apt. #, etc. 27 City & State 28 Longboat Key, FL Zip 29 34228 Country 30 USA
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4. FEI Number APPLIED FOR 65-0678015	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 Roy G. Paskow
82 Street Address (P.O. Box Number is Not Acceptable) 3033 Grand Bay Blvd.
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: *Roy G. Paskow* **Roy G. PASKOW** DATE: **2/4/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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