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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000003663 (0)
1. Corporation Name
GRAND BAY/LBK II ASSOCIATION, INC.



Principal Place of Business: 3033 GRAND BAY BLVD, LONGBOAT KEY FL 34228, US
Mailing Address: 3033 GRAND BAY BLVD, LONGBOAT KEY FL 34228, US

3. Date Incorporated or Qualified: 08/03/1995
4. FEI Number: 65-0678015
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21. 3040 Grand Bay Blvd., Suite, Apt. #, etc.
22. Longboat Key, Fl.
23. 34228
24. 34228
25. 26. 3060 Grand Bay Blvd., Suite, Apt. #, etc.
27. Manager's office
28. Longboat Key, Fl.
29. 34228
30. 34228

9. Name and Address of Current Registered Agent
-PASKOW, ROY G
-3033 GRAND BAY BLVD
-LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent
81 Name: Malcolm Pitchford
82 Street Address (P.O. Box Number is Not Acceptable): Barnett Bank Center
83 240 South Pineapple Avenue
84 City: SARASOTA FL 85 Zip Code: 34230

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: [Signature] DATE: 6/24/98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PTD | <input checked="" type="checkbox"/> DELETE |
| NAME | PASKOW, ROY G | |
| STREET ADDRESS | 3033 GRAND BAY BLVD | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | GRANATH, JOHN P | |
| STREET ADDRESS | 3033 GRAND BAY BLVD | |
| CITY-ST-ZIP | LONGBOAT KEY FL | |
| TITLE | SD | <input checked="" 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 | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|---|-------------------------|--|
| 1.1 TITLE | D | Herb Phillips | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | President | |
| 1.3 STREET ADDRESS | | 3040 Grand Bay Blvd. | |
| 1.4 CITY-ST-ZIP | | Longboat Key, Fl. 34228 | |
| 2.1 TITLE | D | Herb Lieberman | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | Vice President | |
| 2.3 STREET ADDRESS | | 3040 Grand Bay Blvd. | |
| 2.4 CITY-ST-ZIP | | Longboat Key, Fl. 34228 | |
| 3.1 TITLE | D | Denn Comoli | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | Treasurer | |
| 3.3 STREET ADDRESS | | 3040 Grand Bay Blvd. | |
| 3.4 CITY-ST-ZIP | | Longboat Key, Fl. 34228 | |
| 4.1 TITLE | D | Seraphony | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | Dr. Gunter Von Noorden | |
| 4.3 STREET ADDRESS | | 3040 Grand Bay Blvd. | |
| 4.4 CITY-ST-ZIP | | Longboat Key, Fl. 34228 | |
| 5.1 TITLE | D | Robert Rosenthal | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | Director | |
| 5.3 STREET ADDRESS | | 3040 Grand Bay Blvd. | |
| 5.4 CITY-ST-ZIP | | Longboat Key, Fl. 34228 | |
| 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 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, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 6/14/98

CR2E037 (10/97)