

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90032 008 ****61.25

DOCUMENT # N95000003663

1. Entity Name

GRAND BAY/LBK II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3040 GRAND BAY BLVD
 LONGBOAT KEY FL 34228
 US**

**3060 GRAND BAY BLVD
 MANAGERS OFFICE
 LONGBOAT KEY FL 34228-4105
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0678015

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PITCHFORD, MALCOLM
 BARNETT BANK CENTER
 240 S PINEAPPLE AVE
 SARASOTA FL 34230**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **PHILLIPS, HERB**
 STREET ADDRESS **3040 GRAND BAY BLVD**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **LIEBERMAN, HERB**
 STREET ADDRESS **3040 GRAND BAY BLVD**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **OSMON, DONN**
 STREET ADDRESS **3040 GRAND BAY BLVD**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **VON NOORDEN, GUNTER D**
 STREET ADDRESS **3040 GRANDE BAY BLVD**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ROSENTHAL, ROBERT**
 STREET ADDRESS **3040 GRANDE BAY BLVD**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donn Osmon **Donn Osmon** 1-18-00

Date

Daytime Phone #

CR2E037 (9/99)