

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003663

FILED
Apr 22, 2010
Secretary of State

Entity Name: GRAND BAY/LBK II ASSOCIATION, INC.

Current Principal Place of Business:

3040 GRAND BAY BLVD
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

3060 GRAND BAY BLVD
MANAGERS OFFICE
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: 65-0678015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETH CALLANS MGMT CORP
595 BAY ISLES RD
STE 200
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: SUNDQUIST, GENIE
Address: 3040 GRAND BAY BLVD., #254
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D
Name: LINDQVIST, ERIK
Address: 3040 GRAND BAY BLVD #2102
City-St-Zip: LONGBOAT KEY, FL 34228

Title: P
Name: WILLIAMS, JOE
Address: 3040 GRAND BAY BLVD #241
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S/T
Name: WILLEN, JULES
Address: 3040 GRAND BAY BLVD., #234
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP
Name: SCHEYER, STUART
Address: 3040 GRAND BAY BLVD., #275
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D
Name: SAMUELS, CLIVE
Address: 3040 GRAND BAY BLVD #271
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM LUTES, BETH CALLANS MANAGEMENT

RA

04/22/2010

Electronic Signature of Signing Officer or Director

Date