## FILE NOW: FILING FEE IS \$61.25

Mailing Address

3050 GRAND BAY BLVD

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N95000003673

Principal Place of Business

3080 GRAND BAY BLVD

GRAND BAY/LBK V ASSOCIATION, INC.

	ONGBOAT KEY FL 34228 MARAGERS OFFICE							
US	LONGBOAT KEY FL 34228					· ##188 II318 BII11 184	100 (14) 100)	
		ŲS						
2. Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed			
3000 CRAND D					08/03/1995			
21) 26  Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	App	lied For		
22	., •	MANAGER'S OFFICE		65-0730099	Not Applicable			
City & State	)	City & State		5. Certificate of Status Desired	\$8.75 A			
23		28	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	Fee Rec	quired	
Zip	Country Zip Cou				6. Election Campaign Financing \$5.00 May Be			
24	25 29 30				Trust Fund Contribution Added to Fees			
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	-		81	Name			į	
ABEL, SARALYN			82	Street A	Street Address (P.O. Box Number is Not Acceptable)			
BARNETT BANK CENTER								
240 S PINEAPPI E AVE			83					
SARASOT	A FL 34230		84	City		. 85 Zip C	ode	
	1		1 1	_	F	<del>-</del>		
11. Pursuant i	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, th	corporation submits this statement for the purpose	of changing its	registered histored			
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 (IC) BALLING!								
Signature, and or printed path of the larged agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATY 1.								
12.	V OFFICERS AND		13.				Addition	
TITLE	DP	TN	1,1 TITLE	- 1	DP	Change	L' Addition	
NAME	ZYDNEY, HERB		1.2 NAME		STEVE FROMKES	***** E 2 2		
STREET ADDRESS 3080 GRAND BAY BLVD UNIT 535			1.3 STREET		3080 GRAND BAY BLVD UN	11T 233		
CITY-ST-ZIP	LONGBOAT KEY FL 34228		1.4 CITY-ST		LONGBOAT KEY FL 34228		D Addition	
TITLE	DVP	DELETE	2.1 TITLE	[:	DVP	Change	☐ Addition	
NAME	MEYERS, JACK	the same of the sa	2.2 NAME _		BOB PARKS	<del>-</del> ` :		
STREET ADDRESS	3080 GRAND BAY BLDV 511	<b>]</b> :	2.3 STREET		3080 GRAND BAY BLVD UN	IIT 512	j	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		2. 4 CITY-S		LONGBOAT KEY FL 34228			
TITLE	DT	DELETE	3.1 TITLE		DT ,	Change	☐ Addition	
NAME	FROMKES, STEVE	· ·	3.2 NAME		TOM BELCHER			
STREET ADDRESS	3080 GRAND BAY BLVD UNIT 53	13	3.3 STREET	ADDRESS	3080 GRAND BAY BLVD UN	JIT 516		
CITY-ST-ZIP	LONGBOAT KEY FL 34228		3.4. CITY-S	T-ZIP	LONGBOAT KEY FL 34228		·	
TITLE	DS	DELETE	4.1 TITLE		DS	Change	Addition	
NAME	BELCHER, TOM	· •	4. 2 NAME		GERTRUDE MARTIN		ļ	
STREET ADDRESS	3020 GRAND BAY BLVD 516	f.	4.3 STREET	ADDRESS	3080 GRAND BAY BLVD UN	IIT 546	Į.	
CITY-ST-ZIP	LONGBOAT KEY FL 34228		4.4 CITY-S	T-ZIP	LONGBOAT KEY FL 34228	<u> </u>		
TITLE	D	DELETE	5.1 TITLE		D	Change	☐ Addition	
NAME	PARKS, BOB	, J.	5.2 NAME	j	JACK FRIEDMAN			
STREET ADDRESS	3080 GRAND BAY BLVD	1	5.3 STREET	FADDRESS	3080 GRAND BAY BLVD UN	JIT 521		
CITY-ST-ZIP: \	LONGBOAT KEY FL 34228	, ` I	5.4 CITY-S	T-ZIP	LONGBOAT KEY FL 34228			
TITLÊ: A PROJE	SAME DELACE	DA DELETE	6.1 TITLE			☐ Change	Addition	
NAME (48) 2	Market Commencer	<b>1</b>	6.2 NAME	ł			ĺ	

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, with all other like empowered.

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY+ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90146 050 \*\*\*\*61.25