


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90022 028 ****61.25

DOCUMENT # N95000003673

1. Entity Name
GRAND BAY/LBK V ASSOCIATION, INC.



Principal Place of Business: **3080 GRAND BAY BLVD
LONGBOAT KEY FL 34228
US**

Mailing Address: **3060 GRAND BAY BLVD
MANAGER'S OFFICE
LONGBOAT KEY FL 34228
US**

44020673



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **65-0730099**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BETH CALLANS MANAGEMENT CORP
595 BAY ISLES ROAD
STE 201
LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: DP NAME: FROMKES, STEVE STREET ADDRESS: 3080 GRAND BAY BLVD, UNIT 533 CITY-ST-ZIP: LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE: S NAME: ADRIAN, MILAN STREET ADDRESS: 3080 GRAND BAY BLVD. #512 CITY-ST-ZIP: LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE: T NAME: CAREY, MARY E STREET ADDRESS: 3080 GRANDBAY BLVD 532 CITY-ST-ZIP: LONGBOAT KEY FL 34228	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: WELSH, WILLIAM STREET ADDRESS: 3080 GRAND BAYBLVD. #542 CITY-ST-ZIP: LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE: D NAME: HOLDER, JUDY STREET ADDRESS: 3080 GRAND BAY BLVD. #535 CITY-ST-ZIP: LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: Sol Schaffer STREET ADDRESS: 3080 Grand Bay Blvd. #541 CITY-ST-ZIP: Longboat Key, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: STEVEN FROMKES *3/22/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #