


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-23-2005 90073 026 ****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	
2. Principal Place of Business Suits, Apt. #, etc.		3. Mailing Address Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BETH CALLANS MENAGEMENT 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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<p>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
		<p>Make Check Payable to: Florida Department of State</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP FROMKES, STEVE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3080 GRAND BAY BLVD, UNIT 533	NAME	
STREET ADDRESS	LONGBOAT KEY FL 34228	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S ADRIAN, MILAN <input checked="" type="checkbox"/> Delete	TITLE	VP SCHAEFER, SOL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3080 GRAND BAY BLVD. #512	NAME	3080 GRAND BAY BLVD #541
STREET ADDRESS	LONGBOAT KEY-FL 34228	STREET ADDRESS	LONGBOAT KEY FL 34228
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D SCHAEFER, SOL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3080 GRAND BAY BLVD. #541	NAME	
STREET ADDRESS	LONGBOAT KEY FL 34228	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D WELSH, WILLIAM <input checked="" type="checkbox"/> Delete	TITLE	D MCCARTHY, LEROY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3080 GRAND BAYBLVD. #542	NAME	3080 GRAND BAY BLVD. #536
STREET ADDRESS	LONGBOAT KEY FL 34228	STREET ADDRESS	LONGBOAT KEY FL 34228
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D HOLDER, JUDY <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3080 GRAND BAY BLVD. #535	NAME	
STREET ADDRESS	LONGBOAT KEY FL 34228	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D FEDER, GERALD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	3080 GRAND BAY BLVD # 544
STREET ADDRESS		STREET ADDRESS	LONGBOAT KEY, FL 34228
CITY-ST-ZIP		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: <i>Sandra Stuckney</i> SANDRA STUCKNEY 2/10/05 9413870718		Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
<i>Beth Callans Agent</i>			
<i>Steve Fromkes</i> STEVEN FROMKES 3/14/2005			