

FROM : GRAND BAY

FAX NO. : 941-3879422


FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90239 039 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

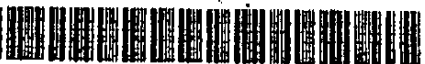
City & State

Zip Country

Zip Country

40050000

MAR 01 2006



02222006 Chg-NP CR2E037 (11/05)

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 _____ DATE _____

(NOTE: Registered Agent signature required when removing)

Filing Fee is \$61.25 Due by May 1, 2006

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 | <input type="checkbox"/> Delete |
| NAME | FROMKES, STEVE | |
| STREET ADDRESS | 3080 GRAND BAY BLVD, UNIT 533 | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SCHAFFER, SOL | |
| STREET ADDRESS | 3080 GRAND BAY BLVD #541 | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHAFFER, SOL Duplicate | |
| STREET ADDRESS | 3080 GRAND BAY BLVD #541 | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCCARTHY, LEROY | |
| STREET ADDRESS | 3080 GRAND BAY BLVD #538 | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HOLDER, JUDY | |
| STREET ADDRESS | 3080 GRAND BAY BLVD #535 | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FEDER, GERALD | |
| STREET ADDRESS | 3080 GRAND BAY BLVD #544 | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TREAS/SEC | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANTHONE, ROLAND | |
| STREET ADDRESS | 3080 GRAND BAY BLVD #515 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RESSO, ARTHUR | |
| STREET ADDRESS | 3080 GRAND BAY BLVD #543 | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | |

12. I hereby certify that the information supplied with this filing does not qualify for the extensions contained in Chapter 119, Florida Statutes. I further certify that the information indicates 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 my address, with all other persons empowered.

SIGNATURE: Roland Anthone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR