

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N95000003673

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

Current Principal Place of Business:

3080 GRAND BAY BLVD
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

3060 GRAND BAY BLVD
MANAGER'S OFFICE
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: 65-0730099 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BETH CALLANS MENAGEMENT CORP
595 BAY ISLES ROAD
STE 201
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: DP () Delete
Name: FROMKES, STEVE
Address: 3080 GRAND BAY BLVD, UNIT 533
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP () Delete
Name: SCHAFFER, SOL
Address: 3080 GRANO BAY BLVD#541
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: MCCARTHY, LEROY
Address: 3080 GARNO BAY BLVD #536
City-St-Zip: LONGBOAT KEY, FL 34228

Title: T () Delete
Name: ANTHONE, ROLAND
Address: 3080 GRAND BAY BLVD., #515
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: REASO, ARTHUR
Address: 3080 GRAND BAY BLVD., #543
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SOL SCHAFFER

_____ Electronic Signature of Signing Officer or Director

TREA

05/01/2007

_____ Date