

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003673

FILED
Jan 28, 2009
Secretary of State

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

Current Principal Place of Business:

3060 GRAND BAY BLVD
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

3080 GRAND BAY BLVD
LONGBOAT KEY, FL 34228 US

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 ()

Name and Address of Current Registered Agent:

BETH CALLANS MENAGEMENT CORP
595 BAY ISLES ROAD
STE 200
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: P () Delete
Name: SCHAFFER, SOL
Address: 3080 GRAND BAY BLVD, #541
City-St-Zip: LONGBOAT KEY, FL 34228

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

Title: S/T () Delete
Name: SIMMONS, ROBERT
Address: 3080 GARNO BAY BLVD #516
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: COHEN, MICHAEL
Address: 3080 GRAND BAY BLVD., #521
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: SILVERBERG, SANDY
Address: 3080 GRAND BAY BLVD., #534
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MCCARTHY, LEROY
Address: 3080 GRANO BAY BLVD #536
City-St-Zip: LONGBOAT KEY, FL 34228

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

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

Title: VP (X) Change () Addition
Name: SILVERBERG, SANDY
Address: 3080 GRAND BAY BLVD., #534
City-St-Zip: LONGBOAT KEY, FL 34228

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: WILLIAM E LUTES

RA

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date