

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003970 (9)**

1. Corporation Name

GRAND BAY/LBK VI ASSOCIATION, INC.



Principal Place of Business: 27 AVENUE OF THE FLOWERS, LONGBOAT KEY FL 34228
Mailing Address: 27 AVENUE OF THE FLOWERS, LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified: 08/03/1995
3a. Date of Last Report: [blank]
4. FEI Number: 65-0631859
Applied For: Not Applicable
5. Certificate of States Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business: 21 [blank]
2a. Mailing Address: 26 [blank]
Suite, Apt. #, etc.: 22 [blank]
City & State: 23 [blank]
Zip: 24 [blank] Country: 25 [blank]
City & State: 28 [blank]
Zip: 29 [blank] Country: 30 [blank]

9. Name and Address of Current Registered Agent: PARKER, STEVEN A, 27 AVENUE OF THE FLOWERS, LONGBOAT KEY FL 34228
10. Name and Address of New Registered Agent: 81 Name: Roy G. Paskow; 82 Street Address: 550 Bay Isles Road; 83 City: Longboat Key; 84 City: Longboat Key, FL 85 Zip Code: 34228

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: [blank] (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PTD NAME: PARKER, STEVEN A STREET ADDRESS: 27 AVENUE OF THE FLOWERS CITY-ST-ZIP: LONGBOAT KEY FL 34228	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PTD 1.2 NAME: Paskow, Roy G. 1.3 STREET ADDRESS: 550 Bay Isles Road 1.4 CITY-ST-ZIP: Longboat Key, FL 34228	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: MOTTA, JAMES D STREET ADDRESS: 27 AVENUE OF THE FLOWERS CITY-ST-ZIP: LONGBOAT KEY FL 34228	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: [blank] 2.2 NAME: [blank] 2.3 STREET ADDRESS: [blank] 2.4 CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: ROMANOWSKI, JOSEPH STREET ADDRESS: 27 AVENUE OF THE FLOWERS CITY-ST-ZIP: LONGBOAT KEY FL 34228	<input type="checkbox"/> DELETE	3.1 TITLE: [blank] 3.2 NAME: [blank] 3.3 STREET ADDRESS: 550 Bay Isles Road 3.4 CITY-ST-ZIP: [blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> DELETE	4.1 TITLE: VD 4.2 NAME: Granath, John P. 4.3 STREET ADDRESS: 550 Bay Isles Road 4.4 CITY-ST-ZIP: Longboat Key, FL 34228	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> DELETE	5.1 TITLE: [blank] 5.2 NAME: 600001755726 5.3 STREET ADDRESS: -03/25/96--01025--017 5.4 CITY-ST-ZIP: ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [blank] NAME: [blank] STREET ADDRESS: [blank] CITY-ST-ZIP: [blank]	<input type="checkbox"/> DELETE	6.1 TITLE: [blank] 6.2 NAME: [blank] 6.3 STREET ADDRESS: [blank] 6.4 CITY-ST-ZIP: [blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Roy G. Paskow Date: 2/28/96 Daytime Phone #: (941) 383 5645

CR2E037 (12/95)