

730

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90192 001 \*\*\*\*61.25

DOCUMENT # N95000003970

1. Entity Name  
**GRAND BAY/LBK VI ASSOCIATION, INC.**



Principal Place of Business  
3070 GRAND BAY BLVD.  
LONGBOAT KEY FL 34228

Mailing Address  
3060 GRAND BAY BLVD  
MANAGER'S OFFICE  
LONGBOAT KEY FL 34228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0631859**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITCHFORD, MALCOLM  
BARNETT BANK CENTER  
240 SOUTH PINEAPPLE AVE.  
SARASOTA FL 34230

**Beth Callans Management Corp.**  
**595 Bay Isles Road Suite: 201**  
**Longboat Key, FL 34228**

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.

*Beth Callans*  
SIGNATURE

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**  Delete  
NAME: **SUNDQUIST, EUGENIE**  
STREET ADDRESS: **3070 GRAND BAY BLVD., UNIT 622**  
CITY-ST-ZIP: **LONGBOAT KEY FL 34228**

TITLE: **Director**  Change  Addition  
NAME: **DD**  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: **PD**  Delete  
NAME: **COYNE, BOB**  
STREET ADDRESS: **3070 GRAND BAY BLVD., UNIT 635**  
CITY-ST-ZIP: **LONGBOAT KEY FL 34228**

TITLE: **President**  Change  Addition  
NAME: **DP**  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: **D**  Delete  
NAME: **HUBER, DAVID**  
STREET ADDRESS: **3070 GRAND BAY BLVD UNIT 623**  
CITY-ST-ZIP: **LONGBOAT KEY FL 34228**

TITLE: **Vice President**  Change  Addition  
NAME: **DVP**  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: **DST**  Delete  
NAME: **HANNIBAL, RICHARD**  
STREET ADDRESS: **3070 GRAND BAY BLVD., UNIT 631**  
CITY-ST-ZIP: **LONGBOAT KEY FL 34228**

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: **DVP**  Delete  
NAME: **IRVIN, ROBERT**  
STREET ADDRESS: **3070 GRAND BAY BLVD. UNIT 634**  
CITY-ST-ZIP: **LONGBOAT KEY FL 34228**

TITLE: **Vice President**  Change  Addition  
NAME: **DVP**  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: **John Spalding - Director**  Change  Addition  
NAME: **3070 Grand Bay Blvd #616 DD**  
STREET ADDRESS:  
CITY-ST-ZIP: **Longboat Key, FL 34228**

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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)