

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90199 018 ****61.25

DOCUMENT # N95000003970

1. Entity Name

GRAND BAY/LBK.VI ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3070 GRAND BAY BLVD.
 LONGBOAT KEY FL 34228**

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

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**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BETH CALLANS MANAGEMENT CORP
 595 BAY ISLES ROAD
 SUITE 201
 LONGBOAT KEY FL 34228**

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.

SIGNATURE

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

TITLE: **S/T** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

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

TITLE: **DVP** Delete
 NAME: **HUBER, DAVID**
 STREET ADDRESS: **3070 GRAND BAY BLVD UNIT 623**
 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: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **SPALDINE, JOHN**
 STREET ADDRESS: **3070 GRAND BAY BLVD**
 CITY-ST-ZIP: **LONGBOAT KEY FL 34228**

TITLE: Change Addition
 NAME: **Margret Spalding**
 STREET ADDRESS:
 CITY-ST-ZIP:

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

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

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:

Robert Spalding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-02

Date

Daytime Phone #

CR2E037 (9/01)