


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90091 032 ****61.25

DOCUMENT # N95000003970 1. Entity Name GRAND BAY/LBK VI ASSOCIATION, INC.	
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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent BETH CALLANS MANAGEMENT CORP 595 BAY ISLES ROAD SUITE 201 LONGBOAT KEY FL 34228	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDP COYNE, BOB <input type="checkbox"/> Delete 3070 GRAND BAY BLVD., UNIT 635 LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HUBER, DAVID <input type="checkbox"/> Delete 3070 GRAND BAY BLVD UNIT 623 LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP IRVIN, ROBERT <input checked="" type="checkbox"/> Delete 3070 GRAND BAY BLVD. UNIT 634 LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPALDING, MARGRET <input checked="" type="checkbox"/> Delete 3070 GRAND BAY BLVD LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BJORN, PAUL <input type="checkbox"/> Delete 3070 GRAND BAY BLVD., #615 LONGBOAT KEY FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McNulty, Sheran <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3070 Grand Bay Blvd #621 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gold, Bob <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3070 Grand Bay Blvd. #636 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bjorn, Paul <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3070 Grand Bay Blvd #615 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Bob Coyne **Bob Coyne** 3-19-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #