

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N95000003970

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

Current Principal Place of Business:

3070 GRAND BAY BLVD.
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0631859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORP
595 BAY ISLES ROAD
SUITE 201
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: PDP () Delete
Name: COYNE, BOB
Address: 3070 GRAND BAY BLVD., UNIT 635
City-St-Zip: LONGBOAT KEY, FL 34228

Title: DVP () Delete
Name: HUBER, DAVID
Address: 3070 GRAND BAY BLVD UNIT 623
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: MCNULTY, SHERAN
Address: 3070 GRAND BAY BLVD #621
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: GOLD, BOB
Address: 3070 GRAND BAY BLVD
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S () Delete
Name: MARGOLIS, DEBORAH
Address: 3070 GRAND BAY BLVD, # 624
City-St-Zip: LONGBOAT KEY, FL 34228

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ROBERT COYNE

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date