

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003970

FILED  
Apr 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

9887 4TH STREET N  
SUITE 301  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

3060 GRAND BAY BLVD.  
MANAGERS OFFICE  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

FEI Number: 65-0631859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMPART PROPERTIES, INC.  
9887 4TH STREET N  
SUITE 301  
ST. PETERSBURG, FL 33702 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: P  
Name: COYNE, ROBERT  
Address: 3070 GRAND BAY BLVD. # 635  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP  
Name: MARGOLIS, DEBORAH  
Address: 3070 GRAND BAY BLVD. #624  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S/T  
Name: MCNULTY, JAMES  
Address: 3070 GRAND BAY BLVD #621  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D  
Name: GOLD, ROBERT  
Address: 3070 GRAND BAY BLVD #636  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D  
Name: PERVIL, ALAN  
Address: 3070 GRAND BAY BLVD. # 615  
City-St-Zip: LONGBOAT KEY, FL 34228

I hereby 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 all other like empowered.

SIGNATURE: ROBERT COYNE

PD

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date