2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# N96000003073

Entity Name: GRAND BAY VILLAS AND ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

GRAND BAY VILLAS HOA
5 COCONUT LANE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

PO BOX 490720
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0881317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHELE & ASSOCIATES
800 BRANDON BLVD 102
KEY BISCAYNE, FL 33149 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: T ( ) Delete
Name: SONNABEND, LOORAINE
Address: 5 COCONUT LANE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: DUGI, ROBERT
Address: 3 TURTLE WALK
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S ( ) Delete
Name: PIZZOLATO, JOSEPH
Address: 8 COCONUT LANE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: P ( ) Delete
Name: ECHARTE, MIGUEL
Address: 29 GRAND BAY ESTATE CIRCLE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete
Name: MARIA HOUZET, LUZ
Address: 7 COCONUT LANE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: SONNABEND, LORRAINE
Address: 5 COCONUT LANE
City-St-Zip: KEY BISCAYNE, FL 33149

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 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: MIGUEL ECHARTE P 04/23/2007

Electronic Signature of Signing Officer or Director — Date