

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90065 050 ****61.25

DOCUMENT # N96000003822					
1. Entity Name GRAND BAY RESIDENCES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 445 GRAND BAY DRIVE KEY BISCAYNE, FL 33149			Mailing Address 445 GRAND BAY DRIVE KEY BISCAYNE, FL 33149		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0700067	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, NORMAN T PA 50 WEST MASHTA DRIVE, SUITE #4 KEY BISCAYNE, FL 33149			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE SD	NAME SCHNEIDER, BOB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 445 GRAND BAY DRIVE #611	CITY-ST-ZIP KEY BISCAYNE, FL 33149		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME MOSS, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 445 GRAND BAY DRIVE #209	CITY-ST-ZIP KEY BISCAYNE, FL 33149		STREET ADDRESS 445 GRAND BAY DR. # 809	CITY-ST-ZIP KEY BISCAYNE, FL 33149	
TITLE TD	NAME REISCHER, ALFRED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 445 GRAND BAY DRIVE #909	CITY-ST-ZIP KEY BISCAYNE, FL 33149		STREET ADDRESS	CITY-ST-ZIP	
TITLE PD	NAME SCHWARTZ, STANLEY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 445 GRAND BAY DRIVE	CITY-ST-ZIP KEY BISCAYNE, FL 33149		STREET ADDRESS	CITY-ST-ZIP	
TITLE VPD	NAME STUZIN, ROSALYN	<input checked="" type="checkbox"/> Delete	TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 445 GRAND BAY DRIVE, PH2E	CITY-ST-ZIP KEY BISCAYNE, FL 33149		STREET ADDRESS 445 GRAND BAY DR. # 709	CITY-ST-ZIP KEY BISCAYNE, FL 33149	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP		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: <i>Stanley Schwartz</i>			1/31/2005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		