

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90044 015 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0700067	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERTS, NORMAN T PA 201 ALHAMBRA CIR, STE 1102 MIAMI, FL 33134			Name SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, Suite # 1102 City Coral Gables FL Zip Code 33134		
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 <u>SKRLD, Inc. by Lisa A. Lerner</u> <u>Lisa A. Lerner, Secretary 2/5/07</u> <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, 2007		9. Election Campaign Financing <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 STREET ADDRESS 445 GRAND BAY DRIVE #611 CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Schneider Bob STREET ADDRESS 445 Grand Bay Drive #611 CITY - ST - ZIP Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HENRIQUES, ADOLFO STREET ADDRESS 445 GRAND BAY DR #809 CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Henriques Adolfo STREET ADDRESS 445 Grand Bay Drive # 809 CITY - ST - ZIP Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME RUSTIN, LAWRENCE STREET ADDRESS 445 GRAND BAY DR # 1202 CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete		TITLE TD NAME Rustin, Lawrence STREET ADDRESS 445 Grand Bay Drive, #1202 CITY - ST - ZIP Key Biscayne, FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME SCHWARTZ, STANLEY STREET ADDRESS 445 GRAND BAY DRIVE CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete		TITLE PD NAME Schwartz, Stanley STREET ADDRESS 445 Grand Bay Drive, #1003 CITY - ST - ZIP Key Biscayne, FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME CARRERO, JOSE ENRIQUE STREET ADDRESS 445 GRAND BAY DR #709 CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE D NAME Fonseca, Marco STREET ADDRESS 445 Grand Bay Drive #1 CITY - ST - ZIP Key Biscayne, FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 exemptions contained 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 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: <u>Stanley Schwartz</u> <u>(305) 365-1771</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					