

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90045 010 ****61.25

DOCUMENT # N96000003822

1. Entity Name
**GRAND BAY RESIDENCES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**445 GRAND BAY DRIVE
KEY BISCAIYNE, FL 33149**

Mailing Address
**445 GRAND BAY DRIVE
KEY BISCAIYNE, FL 33149**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0700067

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC
201 ALHAMBRA CIR, STE 1102
MIAMI, FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME SCHNEIDER, BOB
STREET ADDRESS 445 GRAND BAY DRIVE #611
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

TITLE SD ☐ Delete
NAME HENRIQUES, ADOLFO
STREET ADDRESS 445 GRAND BAY DR #809
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

TITLE TD ☒ Delete
NAME RUSTIN, LAWRENCE
STREET ADDRESS 445 GRAND BAY DR # 1202
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

TITLE PD ☒ Delete
NAME SCHWARTZ, STANLEY
STREET ADDRESS 445 GRAND BAY DRIVE
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

TITLE D ☐ Delete
NAME FONSECA, MARCO
STREET ADDRESS 445 GRAND BAY DRIVE #1007
CITY-ST-ZIP KEY BISCAIYNE, FL 33149

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice-President ☐ Change ☐ Addition
NAME Schneider, Bob
STREET ADDRESS 445 Grand Bay Drive, #611
CITY-ST-ZIP Key Biscayne FL 33149

TITLE President ☒ Change ☐ Addition
NAME Henriques, Adolfo
STREET ADDRESS 445 Grand Bay Drive, #809
CITY-ST-ZIP Key Biscayne FL 33149

TITLE Secretary ☐ Change ☒ Addition
NAME Martin Margulies
STREET ADDRESS 445 Grand Bay Drive #PH1A/C
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE Director ☐ Change ☒ Addition
NAME Jose R. Tarajano
STREET ADDRESS 445 Grand Bay Drive #509
CITY-ST-ZIP Key Biscayne FL 33149

TITLE Treasurer ☒ Change ☐ Addition
NAME Fonseca, Marco
STREET ADDRESS 445 Grand Bay Drive, 1007
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/08

(305) 365-1771