## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003822

FILED Jan 26, 2009 Secretary of State

Entity Name: GRAND BAY RESIDENCES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

445 GRAND BAY DRIVE KEY BISCAYNE, FL 33149

**Current Mailing Address: New Mailing Address:** 

445 GRAND BAY DRIVE KEY BISCAYNE, FL 33149

FEI Number: 65-0700067 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

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

**OFFICERS AND DIRECTORS:** 

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:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition SCHNEIDER, BOB TARAJANO, JOSE R Name: Name:

445 GRAND BAY DRIVE #611 Address: 445 GRAND BAY DRIVE #509 Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete Title: () Change () Addition

HENRIQUES, ADOLFO Name: Name: Address: 445 GRAND BAY DR #809 Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition MARGULIES, MARTIN Name: OLABARRIETA-GOMEZ, CAMILLE Name: 445 GRAND BAY DRIVE #PHIB/C Address: Address: 445 GRAND BAY DRIVE #315 City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Delete Title: (X) Change ( ) Addition MARGULIES, MARTIN TARAJANO, JOSE R Name: Name: 445 GRAND BAG DRIVE # PH1B/C 445 GRAND BAG DRIVE # 509 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Delete Title: (X) Change ( ) Addition

FONSECA, MARCO FONSECA, MARCO Name: Name:

445 GRAND BAY DRIVE #1 445 GRAND BAY DRIVE #1007 Address: Address: City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify 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: ADOLFO HENRIQUES Ρ 01/26/2009