

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005067

FILED  
Apr 24, 2008  
Secretary of State

**Entity Name:** GRAND SEAS RESORT OWNERS' ASSOCIATION INC.

**Current Principal Place of Business:**

2424 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

2424 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

100 EAST GRANADA BLVD  
ORMOND BEACH, FL 32176

**FEI Number:** 59-3470904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VAUGHAN, KATHRYN ESQ.  
102 EAST GRANADA BLVD  
2ND FLOOR  
ORMOND BEACH, FL 32176 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: VD ( ) Delete  
Name: COLTELLI, LARRY  
Address: 100 EAST GRANADA BLVD  
City-St-Zip: ORMOND BEACH, FL 32176

Title: ST ( ) Delete  
Name: SCHLOSSBERG, STEVE  
Address: 100 EAST GRANADA BLVD  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete  
Name: CANETTI, DAVID  
Address: 488 PARQUE DR.  
City-St-Zip: ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: STEVE SCHLOSSBERG

ST

04/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date