

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003445

FILED
May 01, 2007
Secretary of State

Entity Name: GRAND BAY/LBK III ASSOCIATION, INC.

Current Principal Place of Business:

3030 GRAND BAY BLVD.
LONGBOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

3060 GRAND BAY BLVD
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 65-0813533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES ROAD
SUITE 201
LONGBOAT KEY, FL 34228 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: IDZIK, DANIEL
Address: 3030 GRAND BAY BLVD UNIT 393
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD () Delete
Name: VERMA, DIANA
Address: 3030 GRAND BAY BLVD UNIT 383
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: IRWIN, BECKER
Address: 3030 GRAND BAY BLVD #322
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Delete
Name: DILSAVER, CARL
Address: 3030 GRAND BAY BLVD #365
City-St-Zip: LONGBOAT KEY, FL 34228

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: LEDERBERG, EDWARD
Address: 3030 GRAND BAY BLVD #341
City-St-Zip: LONGBOAT KEY, FL 34228

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: CARL DILSAVER

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date