

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003445

FILED
Jan 28, 2009
Secretary of State

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

Current Principal Place of Business:

3060 GRAND BAY BLVD.
LONGBOAT KEY, FL 34228

New Principal Place of Business:

3030 GRAND BAY BLVD.
LONGBOAT KEY, FL 34228

Current Mailing Address:

3060 GRAND BAY BLVD
MANAGERS OFFICE
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 65-0813533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES ROAD
SUITE 200
LONGBOAT KEY, FL 34228 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: P () Delete
Name: DILSAVER, CARL
Address: 3030 GRAND BAY BLVD UNIT #365
City-St-Zip: LONGBOAT KEY, FL 34228

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

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

Title: D () Delete
Name: SHLIFER, MICHAEL
Address: 3030 GRAND BAY BLVD #321
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: ABRAMS, BEREL
Address: 3030 GRAND BAY BLVD #323
City-St-Zip: LONGBOAT KEY, FL 34228

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:

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: WILLIAM E LUTES

RA

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date