

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90064 015 ****61.25

DOCUMENT # N99000000169					
1. Entity Name THE GRANDE AT LONGBOAT KEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 595 BAY ISLES RD 201 LONGBOAT KEY, FL 34228			Mailing Address 595 BAY ISLES RD 201 LONGBOAT KEY, FL 34228		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 1607			
Suite, Apt. #, etc. 4561 GULF MEXICO DR		Suite, Apt. #, etc.			
City & State LONGBOAT KEY FL		City & State HOLMES BEACH FL		4. FEI Number 65-0888847	
Zip 34228		Country USA		Applied For Not Applicable	
Zip 34228		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES RD SUITE 200 LONGBOAT KEY FL 34228			7. Name and Address of New Registered Agent Name: HOLMES BEACH PROPERTY MGMT Street Address (P.O. Box Number is Not Acceptable): 6400 MANATEE AVE W STE G City: BRADENTON FL Zip Code: 34209		
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: <u>Tom Condron</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEINWACHS, PAUL 4561 GULF OF MEXICO DR. #401 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREEN, FRED 4561 GULF OF MEXICO DR. #101 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KETCHUM, MARK 4561 GULF OF MEXICO DR #302 LONGBOAT KEY, FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KETCHUM, PAM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Paul C Steinwachs</u> TREASURER 4/21/07 941 794 3222 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> PAUL C STEINWACHS					