2002 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2002 8:00 am Secretary of State DOCUMENT # **N99000000960** 1. Entity Name GRAND BAY/LBK IV ASSOCIATION, INC. 02-14-2002 90058 007 ****61.25 Principal Place of Business Mailing Address 3010 GRAND BAY BOULEVARD 3010 GRAND BAY BOULEVARD LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0955534 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BETH CALLANS MANAGEMENT CORP 595 BAY ISLES ROAD SUITE 201 **LONGBOAT KEY FL 34228** Zip Code FL 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25. Trust Fund Contribution. **Department of State** Added to Fees 1. M. C. C. L. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 -10. OFFICERS AND DIRECTORS 11. TITI F ☐ Addition ☐ Delete TITLE ۷P ZYPLNEY: HERB NAME NAME ZYDNEY, HERB STREET ADDRESS STREET ADDRESS 3010 GRAND BAY BLVD #445 CITY-ST-7IP CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Change ¾☐ Addition VP . ✓ Delete TITLE TITLE Steve Petty LUXTON, FRED NAME NAME STREET ADDRESS 3010 Grand Bay_Blvd. STREET ADDRESS 3010 GRAND BAY BLVD #425 Longboat Key, FL 34228 CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 **≯** Addition Delete TITLE ☐ Change TITLE KRAMER, STUART NAME NAME Phil Jennison STREET ADDRESS STREET ADDRESS 3010 GRAND BAY BLVD #446 3010 Grand Bay Blvd. # Longboat Key, FL 34228 CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Change **★** Addition ☐ Delete TITLE Barbara Gilman NAME ALPHON, ROBERT NAME STREET ADDRESS 3010 Grand Bay Blvd. #416 STREET ADDRESS 3010 GRAND BAY BLVD #415 CITY-ST-7IP CITY-ST-ZIP Longboat Key, FL 34228 LONGBOAT KEY FL 34228 Change ☐ Addition TITLE TITLE Delete NAME GILSON, TOM NAME STREET ADDRESS STREET ADDRESS 3010 GRAND BAY BLVD. #474 CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 all address, with all other life empowered.

SIGNATURE:

FILED