

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000960

FILED
Jan 28, 2009
Secretary of State

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

Current Principal Place of Business:

3060 GRAND BAY BOULEVARD
LONGBOAT KEY, FL 34228

New Principal Place of Business:

3010 GRAND BAY BOULEVARD
LONGBOAT KEY, FL 34228

Current Mailing Address:

3060 GRAND BAY BOULEVARD
MANAGERS OFFICE
LONGBOAT KEY, FL 34228

New Mailing Address:

FEI Number: 65-0955534 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: ADES, ALAN
Address: 3010 GRAND BAY BLVD #496
City-St-Zip: LONGBOAT KEY, FL 34228

Title: VP () Delete
Name: KONOPKA, ANDY
Address: 3010 GRAND BAY BLVD #486
City-St-Zip: LONGBOAT KEY, FL 34228

Title: S/T () Delete
Name: COHN, JAY
Address: 3010 GRAND BAY BLVD #482
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: BERLINER, LINDA
Address: 3010 GRAND BAY BLVD #436
City-St-Zip: LONGBOAT KEY, FL 34228

Title: D () Delete
Name: LEONARD, MARY
Address: 3010 GRAND BAY BLVD #471
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