

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90060 032 ****70.00

DOCUMENT # N99000005467



1. Entity Name
FLORIDA GRAND BANKS/EASTBAY OWNER'S ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business % HAL JONES & CO 1900 SE 15TH STREET FT. LAUDERDALE FL 33316 | Mailing Address % HAL JONES & CO 1900 SE 15TH STREET FT. LAUDERDALE FL 33316 |
|--|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

4. FEI Number **65-0948054**

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**JONES, HAROLD M III
% HAL JONES & CO
1900 SE 15TH STREET
FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

| | | |
|--|-----------|----------|
| Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| City | FL | Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 | D | <input type="checkbox"/> Delete |
| NAME | JONES, HAROLD M III | |
| STREET ADDRESS | % HAL JONES & CO., 1900 SE 15TH STREET | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33316 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOLZKAMP, BOB | |
| STREET ADDRESS | 650 ISLE OF PALM DRIVE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CALDWELL, LAPSLEY | |
| STREET ADDRESS | 32801 HWY 441 NORTH LOT 14 | |
| CITY-ST-ZIP | OKEECHOBEE FL 34972 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SMITH, ROB | |
| STREET ADDRESS | 431 KENMORE AVENUE | |
| CITY-ST-ZIP | KILMARNOCK VA 22482 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHULMAN, BOB | |
| STREET ADDRESS | 5605 HAMMOCK LANE | |
| CITY-ST-ZIP | LAUDERHILL FL 33319 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KEENAN, JOHN | |
| STREET ADDRESS | 1022 SAGO PALM WAY | |
| CITY-ST-ZIP | APOLLO BEACH FL 33572 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

HAROLD M. JONES III

SIGNATURE: **SIGNATURE REQUIRED** DIRECTOR **4/25/2003 954-527-1778**

CR2E037 (10/02)