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FILED
Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V22114** (5)

1. Corporation Name
GRAND BAY MANAGEMENT COMPANY

Principal Place of Business

**3250 MARY STREET
5TH FLOOR
MIAMI FL 33133**

Mailing Address

**3250 MARY STREET
SUITE 500
MIAMI FL 33133-5232
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/18/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0331018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**WEISER, SHERWOOD M.
3250 MARY STREET
5TH FLOOR
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WEISER, SHERWOOD M.**
STREET ADDRESS **3250 MARY STREET, SUITE 500**
CITY - ST - ZIP **MIAMI FL**

TITLE **DAS** ☐ DELETE
NAME **WEISER, JUDITH**
STREET ADDRESS **3250 MARY STREET, SUITE 500**
CITY - ST - ZIP **MIAMI FL**

TITLE **DAS** ☐ DELETE
NAME **LEFTON, DONALD E.**
STREET ADDRESS **3250 MARY ST., 5TH FL**
CITY - ST - ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **FISHER, ROBYN C.**
STREET ADDRESS **3250 MARY ST., 5TH FL**
CITY - ST - ZIP **MIAMI FL**

TITLE **VTS** ☐ DELETE
NAME **TEMLING, PETER W**
STREET ADDRESS **3250 MARY STREET, SUITE 500**
CITY - ST - ZIP **MIAMI FL**

TITLE **VS** ☐ DELETE
NAME **HEWITT, THOMAS F.**
STREET ADDRESS **3250 MARY STREET, SUITE 500**
CITY - ST - ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DGP** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE **DVCAS** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE **VAS** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 included on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0179020

(305) 445-2493

CR2E034 (9/96)