## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003733

Entity Name: GRAND ESTUARY I AT RIVER STRAND CONDOMINIUM

ASSOCIATION, INC.

5540 STATE ROAD 64 EAST SUITE 220 BRADENTON, FL 34208

**Current Principal Place of Business:** 

## **Current Mailing Address:**

5540 STATE ROAD 64 EAST SUITE 220 BRADENTON, FL 34208 US

FEI Number: 26-4691785 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ICON MANAGEMENT SERVICES, INC. 5540 STATE ROAD 64 EAST SUITE 220 BRADENTON, FL 34208 US

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: DENNIS K COLLETTI 03/06/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Name

SANDERS, ADDIE

 Title
 DIRECTOR, PRESIDENT
 Title
 DIRECTOR, VP

 Name
 O'BRIEN, STEPHEN
 Name
 RAMBO, DENNIS

Address C/O ICON MANAGEMENT SERVICES Address C/O ICON MANAGEMENT SERVICES

5540 STATE RD. 64 EAST SUITE 220 5540 STATE RD. 64 EAST SUITE 220

City-State-Zip: BRADENTON FL 34208 City-State-Zip: BRADENTON FL 34208

Title DIRECTOR, SECRETARY, Title ASST. SECRETARY

TREASURER Name TOMBAUGH, LISA

Address C/O ICON MANAGEMENT SERVICES

Address C/O ICON MANAGEMENT SERVICES

5540 STATE RD 64 FAST SUITE 220

C/O ICON MANAGEMENT SERVICES 5540 STATE RD. 64 EAST SUITE 220 5540 STATE RD. 64 EAST SUITE 220 CHARLES TO SERVICES 5540 STATE RD. 64 EAST SUITE 220 CHARLES TO SERVICES 5540 STATE RD. 64 EAST SUITE 220 CHARLES TO SERVICES 5540 STATE RD. 64 EAST SUITE 220 CHARLES TO SERVICES 5540 STATE RD. 64 EAST SUITE 220 CHARLES TO SERVICES 5540 STATE RD. 64 EAST SUITE 220 CHARLES TO SERVICES 5540 STATE RD. 64 EAST SUITE 220 CHARLES TO SERVICES TO SE

City-State-Zip: BRADENTON FL 34208

I hereby 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 all other like empowered.

SIGNATURE: LISA TOMBAUGH COMMUNITY MANAGER 03/06/2019

FILED Mar 06, 2019

Secretary of State

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