

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000452

**FILED**  
**Jan 13, 2017**  
**Secretary of State**  
**CC3919962342**

**Entity Name:** GRAND BAY/LBK I ASSOCIATION, INC.

**Current Principal Place of Business:**

3060 GRAND BAY BLVD  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

3050 GRAND BAY BLVD.  
LONGBOAT KEY, FL 34228 US

**FEI Number: 65-0609064**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ARGUS PROPERTY MANAGMENT, INC.  
2477 STICKNEY POINT RD.  
SUITE 118A  
SARASOTA, FL 34231 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: KATHY PODOLSKY, LCAM**

**01/13/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TYKOT, HOWARD  
Address        3050 GRAND BAY BLVD.  
                  PROPERTY MANAGERS OFFICE  
City-State-Zip: LONGBOAT KEY FL 34228

Title            TREASURER  
Name            SMOTKIN, MARK  
Address        3050 GRAND BAY BLVD.  
                  PROPERTY MANAGERS OFFICE  
City-State-Zip: LONGBOAT KEY FL 34228

Title            SECRETARY  
Name            GOLDWATER, PAT  
Address        3050 GRAND BAY BLVD.  
                  PROPERTY MANAGERS OFFICE  
City-State-Zip: LONGBOAT KEY FL 34228

Title            VP  
Name            HOCHERMAN, HENRY  
Address        3050 GRAND BAY BLVD.  
                  PROPERTY MANAGERS OFFICE  
City-State-Zip: LONGBOAT KEY FL 34228

Title            DIRECTOR  
Name            REPENNING, JOERN  
Address        3050 GRAND BAY BLVD.  
                  PROPERTY MANAGERS OFFICE  
City-State-Zip: LONGBOAT KEY FL 34228

*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: DR. HOWARD TYKOT**

**PRESIDENT**

**01/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date