

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003663

**FILED**  
**Mar 06, 2015**  
**Secretary of State**  
**CC9668163874**

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

**Current Principal Place of Business:**

9887 4TH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

9887 4TH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 65-0678015

**Certificate of Status Desired:** No

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

ASSOCIA GULF COAST,INC  
9887 4TH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 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:** MICHAEL FLEMING

03/06/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SAMUELS, CLIVE  
Address        9887 4TH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            VP  
Name            SUNDQUIST, EUGENIE  
Address        9887 4TH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            WILLEN, JULES  
Address        9887 4TH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            WOOD, SADRA  
Address        9887 4TH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            SCHEYER, STUART  
Address        9887 4TH STREET NORTH  
                  SUITE 301  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** CLIVE SAMUELS

PRESIDENT

03/06/2015

Electronic Signature of Signing Officer/Director Detail

Date