


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90365 016 \*\*\*\*61.25

<b>DOCUMENT # 752268</b>			
1. Entity Name THE GRANDVIEW CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 741 S COLLIER BLVD MARCO ISLAND, FL 34145		Mailing Address P.O. BOX 39 MARCO, FL 34146	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04052004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2152410	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILL, JEFFREY SAFE HARBOR MANAGEMENT 233 N COLLIER BLVD MARCO ISLAND, FL 34145		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURFEE, JAMES		NAME	John Meadows	
STREET ADDRESS	77 WENTWORTH AVE		STREET ADDRESS	5 Draper Street	
CITY-ST-ZIP	LOWELL, MA 01852		CITY-ST-ZIP	Natick, MA 01760	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITHERINGTON, CHARLES		NAME		
STREET ADDRESS	142 BASTILLE CT		STREET ADDRESS		
CITY-ST-ZIP	WILLIAMSBURG, VA 23185		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STASIO, JOSEPH		NAME	Joseph Stasio	
STREET ADDRESS	15 LINDEN ST		STREET ADDRESS	15 Linden St.	
CITY-ST-ZIP	WINTHROP, MA 02152		CITY-ST-ZIP	Winthrop, MA 02152	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLENBECK, MARVIN		NAME		
STREET ADDRESS	741 S COLLIER BLVD, #312		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, STEWART W		NAME	Davis, Stewart W.	
STREET ADDRESS	741 S. COLLIER BLVD.		STREET ADDRESS	741 S. Collier Blvd. # 308	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

**SIGNATURE:**  **4.12.04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #