


*Amended*

08-07-2003 90119 020 \*\*\*61.25  
N00000005209

03 AUG 14 PM 2: 23

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N0000005209	
1. Entity Name Grand Cypress Estates Association, Inc.	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 350 East Las Olas Blvd. Suite, Apt. #, etc. Suite 1250	3. Mailing Address 350 East Las Olas Blvd. Suite, Apt. #, etc. Suite 1250
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City & State Fort Lauderdale, Florida	City & State Fort Lauderdale, Florida
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Zip 33301	Country USA	Zip 33301	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 651036437	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Laurence S. Litow	
Street Address (P.O. Box Number is Not Acceptable) 350 East Las Olas Blvd., Suite 1250	
City Fort Lauderdale	FL Zip Code 33301

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 	DATE 07/24/03 8/1/03
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FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laurence S. Litow D/P 350 East Las Olas Blvd, Suite 1250 Fort Lauderdale, Florida 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul Solomon DVP 4171 W. Hillsboro Blvd., Suite #3 Coconut Creek, Florida 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tracey McGilvray DIS/T 1000 South Pine Island Road, Suite 430 Plantation, Florida 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other officers empowered.

SIGNATURE: 	Laurence S. Litow	DATE 8/1/03	954-468-3344
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CR20378 (12/02)