

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004110

FILED
Apr 02, 2009
Secretary of State

Entity Name: GRAN PARK WAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3111 SE GRAN PARK WAY
STUART, FL 34994

New Principal Place of Business:

3111 SE GRAN PARK WAY
STUART, FL 34997

Current Mailing Address:

POST OFFICE BOX 821
PORT SALERNO, FL 34992

New Mailing Address:

FEI Number: 57-1175775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUERETTE, RICHARD
3115 SE GRAN PKWY
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DEGRAFF, ROGER W
Address: 3111 SE GRAN PARK WAY
City-St-Zip: STAU RT, FL 34994

Title: DVP () Delete
Name: COOLIDGE, RICHARD
Address: 3117 SE GRAN PKWY
City-St-Zip: STUART, FL 34997

Title: DS () Delete
Name: FUGGETTA, VINCENT
Address: 3101 SE GRAN PARKWAY
City-St-Zip: STUART, FL 34997

Title: DT () Delete
Name: GUERETTE, FRANK
Address: 3115 SE GRAN PKWY
City-St-Zip: STUART, FL 34997

Title: DC () Delete
Name: GUERETTE, RICHARD
Address: 3115 SE GRAN PKWY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DEGRAFF, ROGER W
Address: 3111 SE GRAN PARK WAY
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK GUERETTE

DT

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date