


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91058 019 \*\*\*\*61.25

**DOCUMENT # N03000004834**

1. Entity Name  
**GRAND LAKES PHASE I HOMESOWNERS ASSOCIATION, INC.**



Principal Place of Business  
 8550 NW 33RD STREET STE 100  
 MIAMI, FL 33122

Mailing Address  
 8550 NW 33RD STREET STE 100  
 MIAMI, FL 33122

**34062400**

2. Principal Place of Business  
**5835 Blue Lagoon Dr**  
 Suite, Apt. #, etc  
**4rth fl**  
 City & State  
**Miami FL**  
 Zip  
**33126**  
 Country  
**USA**

3. Mailing Address  
**5835 Blue Lagoon Dr.**  
 Suite, Apt. #, etc  
**4rth fl**  
 City & State  
**Miami FL**  
 Zip  
**33126**  
 Country  
**USA**



04202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**20-0032403**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.**  
**ONE SOUTHEAST THIRD AVE 28TH FLOOR**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIRES-GARCIA, MELISSA 8550 NW 33RD STREET STE 100 MIAMI, FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TARHINI, MICHAEL 8550 NW 33RD STREET STE 100 MIAMI, FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARTIN, TANIA M 8550 NW 33RD STREET STE 100 MIAMI, FL 33122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Maria Donoso 5835 Blue Lagoon Dr. 4rth fl. Miami FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tania Martin 5835 Blue Lagoon Dr. 4rth fl Miami FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Melissa Sires-Garcia 5835 Blue Lagoon Dr. 4rth fl Miami FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Maria Donoso Date: 4/20/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #