
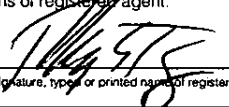
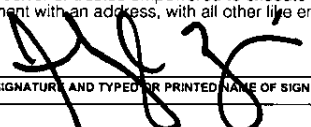


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
07 MAY 17 PM 3:46  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000004834			
1. Entity Name GRAND LAKES PHASE I HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 5835 BLUE LAGOON DR 4TH FLOOR MIAMI, FL 33126		Mailing Address C/O THE CONTINENTAL GROUP, INC 11981 SW 144TH CT SUITE 201 MIAMI, FL 33186	
2. Principal Place of Business		3. Mailing Address C/O The Continental Group, Inc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 11981 SW 144th St Ste 201	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33126	USA	33186	USA
4. FEI Number 20-0032403		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Robert Paige	
		Street Address (P.O. Box Number is Not Acceptable) 4500 South Dadeland Blvd. Ste 550	
		Suite 550	
		City MIAMI	
		FL Zip Code 33156	
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 		ROBERT PAIGE 4/20/07	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, MANUEL 15047 SW 9 LANE MIAMI, FL 33194 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose M. Guzman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14917 SW 8 TER. MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERNANDEZ, HUMBERTO 15064 SW 9 LANE MIAMI, FL 33194 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Raimundo Tellez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 982 SW 149 CT MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HERNANDEZ, GEORGINA 897 SW 151 PLACE MIAMI, FL 33194 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicente Lopez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14950 SW 9 LN MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yaima Escobar <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 860 SW 151 PL MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Federico Jarque <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 890 SW 151 PL MIAMI, FL 33194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		300103609203 05/31/07--01028--017 **61.25	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I am empowered.			
SIGNATURE: 		4/16/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	