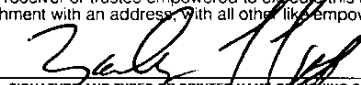


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90046 034 ****61.25

DOCUMENT # N03000008844					
1. Entity Name ESPLANADE GRANDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 201 SOUTH NARCISSUS AVE. WEST PALM BEACH, FL 33401			Mailing Address 201 SOUTH NARCISSUS AVE. WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-0290371				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPLAN, LOU ESQ 301 YAMATO ROAD 4150 BOCA RATON, FL 33481			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, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME ROSEN, STANFORD	☐ Delete		TITLE Secretary	☒ Change ☐ Addition
STREET ADDRESS 201 SOUTH NARCISSUS AVENUE SUITE 905	CITY-ST-ZIP WEST PALM BEACH, FL 33401		STREET ADDRESS 	CITY-ST-ZIP	
TITLE S	NAME BAKST, MICHAEL	☒ Delete		TITLE 	☐ Change ☐ Addition
STREET ADDRESS 201 SOUTH NARCISSUS AVENUE SUITE 403	CITY-ST-ZIP WEST PALM BEACH, FL 33401		STREET ADDRESS 	CITY-ST-ZIP	
TITLE TD	NAME ELHILOW, MARK	☒ Delete		TITLE 	☐ Change ☐ Addition
STREET ADDRESS 201 SOUTH NARCISSUS AVE. SUITE 1	CITY-ST-ZIP WEST PALM BEACH, FL 33401		STREET ADDRESS 	CITY-ST-ZIP	
TITLE VD	NAME TAPP, ZACHARY	☐ Delete		TITLE President	☒ Change ☐ Addition
STREET ADDRESS 201 SOUTH NARCISSUS AVE #1403	CITY-ST-ZIP WEST PALM BEACH, FL 33401		STREET ADDRESS 	CITY-ST-ZIP	
TITLE 	NAME 	☐ Delete		TITLE Vice President	☐ Change ☒ Addition
STREET ADDRESS 	CITY-ST-ZIP		STREET ADDRESS 	CITY-ST-ZIP	
TITLE 	NAME 	☐ Delete		TITLE 	☐ Change ☐ Addition
STREET ADDRESS 	CITY-ST-ZIP		STREET ADDRESS 	CITY-ST-ZIP	
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 like empowered.					
SIGNATURE: 			Date: 1/15/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

40021241



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-0290371 Applied For ☐ Not Applicable

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

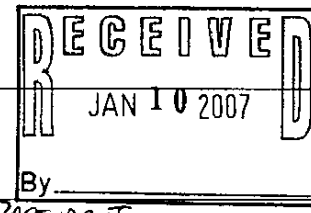
7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 Secretary ☒ Change ☐ Addition
 Vice President ☐ Change ☒ Addition
 Tim Harris
 201 South Narcissus Ave Suite 403
 West Palm Beach, FL 33401



By President

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 like empowered.