

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008844

FILED
Jan 06, 2009
Secretary of State

Entity Name: ESPLANADE GRANDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

201 SOUTH NARCISSUS AVE.
WEST PALM BEACH, FL 33401

New Principal Place of Business:

201 SOUTH NARCISSUS AVE.
MANAGEMENT
WEST PALM BEACH, FL 33401

Current Mailing Address:

201 SOUTH NARCISSUS AVE.
WEST PALM BEACH, FL 33401

New Mailing Address:

201 SOUTH NARCISSUS AVE.
MANAGEMENT
WEST PALM BEACH, FL 33401

FEI Number: 20-0290371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST. JOHN, DAVID ESQ
1601 FORUM PL STE 701
WEST PALM BEACH, FL 33401 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: VPD () Delete
Name: ROSEN, STANFORD
Address: 201 SOUTH NARCISSUS AVENUE SUITE 905
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AS () Delete
Name: TAPP, ZACHARY
Address: 201 S NARCISSUS STE 1403
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD () Delete
Name: TAPP, ZACHARY
Address: 201 SOUTH NARCISSUS AVE #1403
City-St-Zip: WEST PALM BEACH, FL 33401

Title: PD () Delete
Name: HARRIS, TIMOTHY
Address: 201 S NARCISSUS 403
City-St-Zip: WEST PALM BEACH, FL 33401

Title: STD (X) Delete
Name: SCHMIDT, JOEANN
Address: 201 S NARCISSUS STE 502
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: HARRIS, TIMOTHY
Address: 201 S NARCISSUS STE 403
City-St-Zip: WEST PALM BEACH, FL 33401

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

Title: STD (X) Change () Addition
Name: SCHMIDT, JOEANN
Address: 201 S NARCISSUS 502
City-St-Zip: WEST PALM BEACH, FL 33401

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: TIMOTHY HARRIS

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date