2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003901

FILED Mar 24, 2009 Secretary of State

Entity Name: GRANDEUR TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

1400 EAST OAKLAND PARK BOULEVARD 1400 E. OAKLAND PARK BOULEVARD

SUITE 210 SUITE 210

OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334

Current Mailing Address:

1400 EAST OAKLAND PARK BOULEVARD 1400 E. OAKLAND PARK BOULEVARD

SUITE 210 SUITE 210

OAKLAND PARK, FL 33334 OAKLAND PARK, FL 33334

FEI Number: 03-0590011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEESON, JAMES M. JR. BEESON, JAMES M. JR.

1400 EAST OAKLAND PARK BOULEVARD 1400 E. OAKLAND PARK BOULEVARD

SUITE 210 SUITE 210

OAKLAND PARK, FL 33334 US OAKLAND PARK, FL 33334 US

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: 03/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 ABADI, CHAIM
 Name:

 Address:
 3236 NE 5TH ST. UNIT #702
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33062
 City-St-Zip:

Title: DVST () Delete Title: DVST (X) Change () Addition

Name: BEESON, JAMES M JR. Name: BEESON, JAMES M JR.

Address: 1400 EAST OAKLAND PARK BLVD, STE 210 Address: 1400 E. OAKLAND PARK BLVD, STE 210

City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: OAKLAND PARK, FL 33334

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: BEESON, JAMES B.

Address: BEESON, JAMES B.

Address: BEESON, JAMES B.

Address: 1400 EAST OAKLAND PARK BLVD, SUITE 210 Address: 1400 E. OAKLAND PARK BLVD, SUITE 210

City-St-Zip: OAKLAND PARK, FL 33334 City-St-Zip: OAKLAND PARK, FL 33334

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: CHAIM ABADI DP 03/24/2009