FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** N26033

(3)

THE GRANDVIEW AT SPRING LAKES CONDOMINIUM ASSOCI ATION, INC.

Principal Place of Business Mailing Address C/O PMS CORP 3150 VIA POINCIANA DR LAKE WORTH FL 33467 C/O PMS CORP 3150 VIA POINCIANA DR LAKE WORTH FL 33467 3. Date Incorporated or Qualified 04/21/1988 4. FEI Number Applied For 65-0056857 Not Applicable 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes Yes Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name P.M.S. CORP. 82 Street Address (P.O. Box Number is Not Acceptable) 3150 VIA POINCIANA DR LAKE WORTH FL 33467 83 84 City Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE						
12.	Signature, typed or printed name of registered agent and title if appli			Propulsed when reinstating) ADDITIONS/CHANGES TO OFFICERS		C IV 40
	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE	DP	Change	Addition
NAME	BEDELL, HARRIET		1.2 NAME	STRAUSS, MAL		
STREET ADDRESS	3138 VIA POINCIANA DRIVE		1.3 STREET ADDRESS	3138 Via Poincian Drive		
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY - ST - ZIP	Lake Worth, Fl 33467		
TITLE	D	DELETE	2.1 TITLE	DT	☐ Change	Addition
NAME	GRANT, MORTON		2.2 NAME	GRANT, MORTON		÷
STREET ADDRESS	3318 VIA POINCIANA DR		2.3 STREET ADDRESS	3138 Via Poinciana Dr	ive	
CITY-ST-ZIP	LAKE WORTH <u>FL</u>		2. 4 CITY-ST-ZIP	Lake Worth, Fl 33467		
TITLE	DT	DELETE	3.1 TITLE	DS	☐ Change	Addition
NAME	GILL, NORMAN		3.2 NAME	DENNISON, CORINNE		
STREET ADDRESS	3138 VIA POINCAIAN		3.3 STREET ADDRESS	3138 Via Poinciana Dr	ive	
CITY-ST-ZIP	LAKE WORTH FL		3.4. CITY-ST-ZIP	Lake Worth, Fl 33467		
TITLE	DP	DELETE	4.1 TITLE	D	☐ Change	Addition
NAME	CARECCIA, JOSEPH		4.2 NAME	GAGLIARDI, JOSEPH		
STREET ADDRESS	3138 VIA POINCIANA DR.		4.3 STREET ADDRESS	3138 Via Poinciana Dr	ive	
CATY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP	Lake Worth, Fl 33467		
TITLE	D	X DELETE	5.1 TITLE	D	☐ Change	Addition
NAME	WOLF, WERNER		5.2 NAME	CHMARA, PHYLLIS		
STREET ADDRESS	3138 VIA POINCIANA			3138 Via Poinciana Dr.	ive	
CITY-ST-ZIP	LAKE WORTH FL			Lake Worth, Fl 33467		
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST- ZIP	<u> </u>		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Straum 110

2/13/98 **5**61-433-8662.

FILED

Feb 24 1998 8:00am

Secretary of State