# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47944** **(6)**

1. Corporation Name

**GRAND FAIRFIELD HOMEOWNERS ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % C.A.S.<br>951 BROKEN SOUND PKWY S250<br>BOCA RATON FL 33441<br>US | % C.A.S.<br>951 BROKEN SOUND PKWY 250<br>BOCA RATON FL 33487<br>US |

3. Date Incorporated or Qualified: 03/19/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0322413 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

**9. Name and Address of Current Registered Agent**

MESSINGER, JOEL
951 BROKEN SOUND PKWY
S250
BOCA RATON FL 33487

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | VD | ☑ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PALAWSKY, JERRY | | 1.2 NAME | | |
| STREET ADDRESS | 5391 GRAND PK PL | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☑ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | VALENTINE, TRAYOR | | 2.2 NAME | | |
| STREET ADDRESS | 5401 GRAND PK PL | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☑ DELETE | 3.1 TITLE | SD | ☑ Change ☐ Addition |
| NAME | BARR, JOANNE | | 3.2 NAME | Alexander Rothgart | |
| STREET ADDRESS | 5405 GRAND PK PL | | 3.3 STREET ADDRESS | 5434 Grand Park Place | |
| CITY-ST-ZIP | BOCA RATON FL | | 3.4 CITY-ST-ZIP | Boca Raton, Fl 33486 | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | VPD | ☑ Change ☐ Addition |
| NAME | GERSHMAN, ROBERT | | 4.2 NAME | Robert Gershman | |
| STREET ADDRESS | 3493 GRAND PARK PLACE | | 4.3 STREET ADDRESS | 5493 Grand Park Place | |
| CITY-ST-ZIP | BOCA RATON FL | | 4.4 CITY-ST-ZIP | Boca Raton, Fl 33486 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | PD | ☑ Change ☐ Addition |
| NAME | SMITH, DAVID | | 5.2 NAME | David Smith | |
| STREET ADDRESS | 5481 GRAND PARK PLACE | | 5.3 STREET ADDRESS | 5481 Grand Park Place | |
| CITY-ST-ZIP | BOCA RATON FL | | 5.4 CITY-ST-ZIP | Boca Raton, Fl 33486 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | TD | ☐ Change ☑ Addition |
| NAME | | | 6.2 NAME | Mike Viola | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 5480 Grand Park Place | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Boca Raton, Fl 33486 | |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** Dennis Smith 4-20-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #