


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90271 030 \*\*\*\*70.00

<b>DOCUMENT # N95000003160</b> 1. Entity Name <b>GRAND CAY HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>300 AVE OF THE CHAMPIONS SUITE 120 PALM BEACH GARDENS, FL 33418</b>			Mailing Address <b>300 AVE OF THE CHAMPIONS SUITE 120 PALM BEACH GARDENS, FL 33418</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>QUEEN, SUSAN M 300 AVE OF THE CHAPIONS SUITE 120 PALM BEACH GARDENS, FL 33418</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	WARSHAW, KAREN		NAME		
STREET ADDRESS	111 GRAND CAY DR		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		CITY - ST - ZIP		
TITLE	VPD		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	COCOTOS, MARY		NAME		
STREET ADDRESS	1135 GRAND CAY DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GRDNS, FL 33418		CITY - ST - ZIP		
TITLE	T		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	BUZZEO, MICHAEL		NAME		
STREET ADDRESS	1128 GRAND CAY DRIVE		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GRDNS, FL 33418		CITY - ST - ZIP		
TITLE	D		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	KRAFCHUK, LORNA		NAME		
STREET ADDRESS	1125 GRAND BAY DR		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		CITY - ST - ZIP		
TITLE	D		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	GRASSO, RICHARD		NAME		
STREET ADDRESS	1131 GRAND BAY DR		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		CITY - ST - ZIP		
TITLE	S		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	BERNARD, HARRY		NAME		
STREET ADDRESS	1138 GRAND CAY DR		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		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.					
<b>SIGNATURE:</b> <i>May Corots VP</i>			<i>4/18/07</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

40077893



04182007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0646944**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUEEN, SUSAN M  
300 AVE OF THE CHAPIONS  
SUITE 120  
PALM BEACH GARDENS, FL 33418

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**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
WARSHAW, KAREN  
111 GRAND CAY DR  
PALM BEACH GARDENS, FL 33418

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VPD  
COCOTOS, MARY  
1135 GRAND CAY DRIVE  
PALM BEACH GRDNS, FL 33418

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

T  
BUZZEO, MICHAEL  
1128 GRAND CAY DRIVE  
PALM BEACH GRDNS, FL 33418

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
KRAFCHUK, LORNA  
1125 GRAND BAY DR  
PALM BEACH GARDENS, FL 33418

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
GRASSO, RICHARD  
1131 GRAND BAY DR  
PALM BEACH GARDENS, FL 33418

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S  
BERNARD, HARRY  
1138 GRAND CAY DR  
PALM BEACH GARDENS, FL 33418

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #