



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90045 031 \*\*\*\*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 #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04012008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>65-0646944</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>QUEEN, SUSAN M 300 AVE OF THE CHAPIONS SUITE 120 PALM BEACH GARDENS, FL 33418</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>300 Avenue of the Champions</b> <b>Suite 120</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WARSHAW, KAREN</b> <input type="checkbox"/> Delete <b>111 GRAND CAY DR</b> <b>PALM BEACH GARDENS, FL 33418</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 Avenue of the Champions #120</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>COCOTOS, MARY</b> <input type="checkbox"/> Delete <b>1135 GRAND CAY DRIVE</b> <b>PALM BEACH GRDNS, FL 33418</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vice President</b> <b>300 Avenue of the Champions #120</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BUZZEO, MICHAEL</b> <input checked="" type="checkbox"/> Delete <b>1128 GRAND CAY DRIVE</b> <b>PALM BEACH GRDNS, FL 33418</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Treasurer</b> <b>Harry Bernhard</b> <b>300 Avenue of the Champions #120</b> <b>Palm Beach Gardens FL 33418</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KRAFCHUK, LORNA</b> <input type="checkbox"/> Delete <b>1125 GRAND BAY DR</b> <b>PALM BEACH GARDENS, FL 33418</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300 Avenue of the Champions #120</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GRASSO, RICHARD</b> <input checked="" type="checkbox"/> Delete <b>1131 GRAND BAY DR</b> <b>PALM BEACH GARDENS, FL 33418</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>Richard Grosso</b> <b>300 Avenue of the Champions #120</b> <b>Palm beach Gardens FL 33418</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BERNARD, HARRY</b> <input checked="" type="checkbox"/> Delete <b>1138 GRAND CAY DR</b> <b>PALM BEACH GARDENS, FL 33418</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Secretary</b> <b>Jim Garlinge</b> <b>300 Avenue of the Champions #120</b> <b>Palm Beach Gardens FL 33418</b>	
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>Karen Warsaw</i> <b>Karen Warsaw-President</b> 4/3/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40078820

**Additions to Document**

**#N95000003160**

**Grand Cay Homeowners Association, Inc.**

ADD: Director

Judith Borinstein

300 Avenue of the Champions, #120.

Palm Beach Gardens, FL 33418