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**Mar 24, 2005 8:00 am**  
**Secretary of State**

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DOCUMENT # N95000005129		03-24-2005 90028 044 ***61.25	
1. Entity Name <b>THE COURTYARDS OF GRAND PALMS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1145 SAWGRASS CORP. PKWY. SUNRISE, FL 33323 US</b>		Mailing Address <b>1145 SAWGRASS CORP. PKWY. SUNRISE, FL 33323 US</b>	
2. Principal Place of Business <b>C/O Gables Property Mgmt</b> Suite, Apt. #, etc. <b>3300 Corporate Ave., #110</b> City & State <b>Weston</b> Zip <b>33331</b>		3. Mailing Address <b>C/O Gables Property Mgmt</b> Suite, Apt. #, etc. <b>3300 Corporate Ave., #110</b> City & State <b>Weston</b> Zip <b>FL</b>	
			
		01122005 Chg-NP CR2E037 (10/03)	
		4. FEI Number <b>65-0660573</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BAKALAR, BROUGH, &amp; CHADROW, P.A.</b> <b>150 SOUTH PINE ISLAND ROAD</b> <b>SUITE 540</b> <b>PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent  Name <b>Bakalar : Eichner P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 S. Pine Island Dr.</b> <b>Suite 540</b> City <b>Plantation</b>	
		FL Zip Code <b>33324</b>	
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.</small>		DATE <b>3-3-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		<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	TD	<input checked="" type="checkbox"/> Delete	
NAME	BURNHAM, GREG		
STREET ADDRESS	3300 CORPORATE AVE., #110		
CITY-ST-ZIP	WESTON, FL 33331		
TITLE	PD	<input checked="" type="checkbox"/> Delete	
NAME	ESCOBAR, ERNESTO		
STREET ADDRESS	3300 CORPORATE AVE., #110		
CITY-ST-ZIP	WESTON, FL 33331		
TITLE	SD	<input checked="" type="checkbox"/> Delete	
NAME	MARMOLEJO, ILENE		
STREET ADDRESS	3300 CORPORATE AVE., #110		
CITY-ST-ZIP	WESTON, FL 33331		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	
NAME	HARRINGTON, LESLIE		
STREET ADDRESS	3300 CORPORATE AVE., #110		
CITY-ST-ZIP	WESTON, FL 33331		
TITLE	D	<input type="checkbox"/> Delete	
NAME	HARTMAN, DEBRA		
STREET ADDRESS	3300 CORPORATE AVE., #110		
CITY-ST-ZIP	WESTON, FL 33331		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLACK, SUSAN		
STREET ADDRESS	3300 Corporate Ave, Suite 110		
CITY-ST-ZIP	Weston FL 33331		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RIGGETT, KEN		
STREET ADDRESS	3300 Corporate Ave, #110		
CITY-ST-ZIP	Weston FL 33331		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRINGTON, LESLIE		
STREET ADDRESS	3300 Corporate Ave, #110		
CITY-ST-ZIP	Weston FL 33331		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTMAN, DEBRA		
STREET ADDRESS	3300 Corporate Ave, #110		
CITY-ST-ZIP	Weston FL 33331		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 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: <b>Gregory S. Burnham</b>		Date <b>3/4/05</b> Daytime Phone # <b>436-7580</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			