

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

FILED
Mar 11, 1996 08:00 AM
Secretary of State

DOCUMENT # 770520 (5)
1. Corporation Name
THE GRAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1717 N. BAYSHORE DR 1717 N. BAYSHORE DR
MIAMI FL 33132-1148 MIAMI FL 33132-1148

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1983		3a. Date of Last Report 03/22/1995	
21		26		4. FEI Number 59-2362349		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

EISINGER, DENNIS
% BUCHANAN INGERSOLL
19495 BISCAYNE BLVD STE 606
N MIAMI BCH. FL 33180

81 Name Dennis Eisinger 40 Phillips, Eisinger + Koss, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
4000 Hollywood Blvd
83 Suite 265 South
84 City Hollywood FL 85 Zip Code 33021

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

Signature, typed or printed name of registered agent and title (if any) above.

NOTE: Registered Agent signature required when reinstating.

DATE

2/20/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, JULIE	1.2 NAME	
STREET ADDRESS	1717 N BAYSHORE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUR, LEE	2.2 NAME	
STREET ADDRESS	1717 N BAYSHORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, FRED	3.2 NAME	
STREET ADDRESS	1717 N. BAYSHORE DR., STE. 3856	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, EDUARDO	4.2 NAME	
STREET ADDRESS	1717 N. BAYSHORE DR., STE. 2931	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMANN, ADELE	5.2 NAME	
STREET ADDRESS	1717 N BAYSHORE DR #2231	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

FRED JOSEPH, President

2/7/96

579-9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)