

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 # N31027 (8)

1. Corporation Name

GRAND PALMS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487
US

951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487
US

3. Date Incorporated or Qualified
03/07/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0101904

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMMUNITY ASSN SERVC INC
951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

30000183919

83 -05/25/96--01003--034

84 City

***61.25

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEGALL, E.M.	
STREET ADDRESS	14800 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEGALL, SANDY	
STREET ADDRESS	14800 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SEGALL, SANDY	
STREET ADDRESS	14800 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RON MARTIN	
1.3 STREET ADDRESS	1442 LA COSTA DRIVE EAST	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALVIN ENTIN	
2.3 STREET ADDRESS	951 BROKEN SOUND PARKWAY	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JUDY SEGALL	
3.3 STREET ADDRESS	14800 PINES BLVD.	
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALLAN SEGALL	
4.3 STREET ADDRESS	14800 PINES BLVD.	
4.4 CITY-ST-ZIP	PEMBROKE PINES, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96
Date

407-994-1788
Disting. Phone #

CR2E037 (12/95)