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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 770520

1. Corporation Name

THE GRAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1717 N. BAYSHORE DR
 MIAMI FL 33132-1148

Mailing Address

1717 N. BAYSHORE DR
 MIAMI FL 33132-1148



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/30/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2362349	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
26		27		30	

9. Name and Address of Current Registered Agent

EISINGER, DENNIS
C/O PHILLIPS, EISINGER & KOSS, P.A.
4000 HOLLYWOOD BLVD, STE 265 SOUTH
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, JULIE	1.2 NAME	GRIMES, JULIE
STREET ADDRESS	1717 N BAYSHORE DR	1.3 STREET ADDRESS	1717 N. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMTER, RON	2.2 NAME	SAMTER RON
STREET ADDRESS	1717 N BAYSHORE DR #4232	2.3 STREET ADDRESS	1717 N. BAYSHORE DR #4232
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, FRED	3.2 NAME	JOSEPH, FRED
STREET ADDRESS	1717 N. BAYSHORE DR., STE. 3856	3.3 STREET ADDRESS	1717 N. BAYSHORE DR. STE 3856
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, EDUARDO	4.2 NAME	RIVERA, EDUARDO A
STREET ADDRESS	1717 N. BAYSHORE DR., STE. 2931	4.3 STREET ADDRESS	1717 N. Bayshore Dr &
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEUMANN, ADELE	5.2 NAME	KRIEGER, STANLEY
STREET ADDRESS	1717 N BAYSHORE DR #2231	5.3 STREET ADDRESS	1717 N. BAYSHORE DR.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAKAIB, NORMAN	6.2 NAME	LACLE, ROBERT
STREET ADDRESS	1717 N BAYSHORE DR	6.3 STREET ADDRESS	1717 N. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 25, 99 (305) 577-9922

Date

Daytime Phone #

CR2E037 (11/98)