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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31027

Corporation Name
 GRAND PALMS COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address

Principal Place of Business 1189 Sawgrass Corp. Pkwy Suite, Apt. #, etc.	2a. Mailing Address 1189 Sawgrass Corp. Pkwy Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/07/1989
City & State Sunrise, FL	City & State Sunrise, FL	4. FEI Number 65-0101904
Zip 33323	Zip 33323	5. Certificate of Status Desired <input type="checkbox"/>
Country U.S.A.	Country U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent Community Association, Services, Inc. 951 Broken Sound Parkway Suite 250 Boca Raton, FL 33487	10. Name and Address of New Registered Agent 81 Name Gary A. Poliakoff, J.D. Becker & Poliakoff, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 3111 Stirling Road 83 84 City Fort Lauderdale FL 85 Zip Code 33312
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I, 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.

GNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 7-28-99

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE PD <input checked="" type="checkbox"/> DELETE	ME Segall, E.M.	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
REET ADDRESS 14800 Pines Blvd.		1.2 NAME Becker, Benton	
Y-ST-ZIP Pembroke Pines, FL		1.3 STREET ADDRESS 101 Grand Palms Drive	
LE VD <input checked="" type="checkbox"/> DELETE	ME Segall, Sandy	1.4 CITY-ST-ZIP Pembroke Pines, FL	
REET ADDRESS 14800 Pines Blvd.		2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
Y-ST-ZIP Pembroke Pines, FL		2.2 NAME Locke, Nelson	
LE TD <input checked="" type="checkbox"/> DELETE	ME Segall, Judy	2.3 STREET ADDRESS 101 Grand Palms Drive	
REET ADDRESS 14800 Pines Blvd.		2.4 CITY-ST-ZIP Pembroke Pines, FL	
Y-ST-ZIP Pembroke Pines, FL		3.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
LE SD <input checked="" type="checkbox"/> DELETE	ME Segall, Allan	3.2 NAME Gothelf, Symour	
REET ADDRESS 14800 Pines Blvd.		3.3 STREET ADDRESS 101 Grand Palms Drive	
Y-ST-ZIP Pembroke Pines, FL		3.4 CITY-ST-ZIP Pembroke Pines, FL	
LE D <input checked="" type="checkbox"/> DELETE	ME Martin, Ron	4.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
REET ADDRESS 1442 La Costa Drive East		4.2 NAME Quiat, Carl	
Y-ST-ZIP Pembroke Pines, FL		4.3 STREET ADDRESS 101 Grand Palms Drive	
LE D <input checked="" type="checkbox"/> DELETE	ME Entin, Alvin	4.4 CITY-ST-ZIP Pembroke Pines, FL	
REET ADDRESS 951 Broken Sound Parkway		5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
Y-ST-ZIP Boca Raton, FL 33487		5.2 NAME Weinstein, Nancy	
		5.3 STREET ADDRESS 101 Grand Palms Drive	
		5.4 CITY-ST-ZIP Pembroke Pines, FL	
		6.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME Debastos, David	
		6.3 STREET ADDRESS 101 Grand Palms Drive	
		6.4 CITY-ST-ZIP Pembroke Pines, FL	

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]* DATE: 8/30/99 DAYTIME PHONE #: 436-7917