

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90051 024 ****61.25

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"/> \$8.75 Additional Fee Required	
Country U.S.A.		Country U.S.A.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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. 82 Becker & Poliakoff, P.A. 83 Street Address (P.O. Box Number is Not Acceptable) 3111 Stirling Road 84 City Fort Lauderdale FL 85 Zip Code 33312	

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #