

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90067 048 ****61.25

DOCUMENT # N31027

1. Entity Name

GRAND PALMS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1189 SAWGRASS CORPORATE PARKWAY
 SUNRISE FL 33323
 US

1189 SAWGRASS CORPORATE PARKWAY
 SUNRISE FL 33323-2847
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0101904

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLIAKOFF, GARY A JD
1189 SAWGRASS CORPORATE PARKWAY
FORT LAUDERDALE FL 33312

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BECKER, BENTON	
STREET ADDRESS	101 GRAND PALMS DRIVE	
CITY-ST-ZIP	PEMBROKE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOCKE, NELSON	
STREET ADDRESS	101 GRAND PALMS DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOTHELF, SYMOUR	
STREET ADDRESS	101 GRAND PALMS DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	QUIAT, CARL	
STREET ADDRESS	101 GRAND PALMS DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINSTEIN, NANCY	
STREET ADDRESS	101 GRAND PALMS DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBASTOS, DAVID	
STREET ADDRESS	101 GRAND PALMS DRIVE	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKE, NELSON	
STREET ADDRESS	101 GRAND PALMS DRIVE	
CITY-ST-ZIP	PEMBROKE FL 33027	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, NANCY	
STREET ADDRESS	101 GRAND PALMS DRIVE	
CITY-ST-ZIP	PEMBROKE FL 33027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Weinstein **SIGNATURE REQUIRED** NANCY WEINSTEIN 5/2/00 431-2835
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)