


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90098 035 ****61.25

DOCUMENT # N31027 1. Entity Name GRAND PALMS COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 101 GRAND PALMS DRIVE PEMBROKE PINES, FL 33027		Mailing Address 101 GRAND PALMS DRIVE PEMBROKE PINES, FL 33027	
2. Principal Place of Business - No P.O. Box # Miami Management Suite, Apt. #, etc. 15805 SW 11 Street		3. Mailing Address 15805 SW 11 Street Suite, Apt. #, etc.	
City & State Pembroke Pines, FL Zip 33027 Country US		City & State Pembroke Pines, FL Zip 33027 Country US	
4. FEI Number 65-0101904		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NACHMAN, IRVIN W 441 STIRLING ROAD FORT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4441 Stirling Road 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLO, PETER 101 GRAND PALMS DRIVE PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Gullo, Peter 15631 SW 16 Court Pembroke Pines, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHELLEY, MICHAEL 101 GRAND PALMS DRIVE PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> UD Aleming, Bill 1221 Wilshire Circle East Pembroke Pines, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, RONALD 1442 LACOSTA DRIVE EAST PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHELLEY, BEATRICE 101 GRAND PALMS DRIVE PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> SD Shelley, Beatrice 14960 Belaire Drive South Pembroke Pines, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.			
SIGNATURE: _____ RONALD MARTIN 1/9/08 954431-2835 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			