


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90019 045 ***61.25

DOCUMENT # N26033	
1. Entity Name THE GRANDVIEW AT SPRING LAKES CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O PMS CORP 3150 VIA POINCIANA DR LAKE WORTH, FL 33467	Mailing Address C/O PMS CORP 3150 VIA POINCIANA DR LAKE WORTH, FL 33467
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DATE PAID 2-15-8	CHECK NO.
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40027180



02022008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0056857	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent P.M.S. CORP. 3150 VIA POINCIANA DR LAKE WORTH, FL 33467	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)</small>	DATE _____
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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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STRAUSS, MAL 3138 VIA POINCIANA LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRAN GLEASON <input type="checkbox"/> Change <input type="checkbox"/> Addition 3138 VIA POINCIANA #210 LAKE WORTH, FL. 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOUTRO, GEORGE 3138 VIA POINCIANA DR LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CORINNE DENNISON <input type="checkbox"/> Change <input type="checkbox"/> Addition 3138 VIA POINCIANA #305 LAKE WORTH, FL. 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CIARIARELLO, ELIO 3138 VIA POINCIANA LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NORMAN GILL <input type="checkbox"/> Change <input type="checkbox"/> Addition 3138 VIA POINCIANA #317 LAKE WORTH, FL. 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GLEASON, FRAN 3138 VIA POINCIANA LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARTIN GREENSTONE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3138 VIA POINCIANA # 206 LAKE WORTH, FL. 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vp MAURICE POST <input type="checkbox"/> Change <input type="checkbox"/> Addition 3138 VIA POINCIANA # 115 LAKE WORTH, FL. 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: <u><i>Fran Gleason</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>2/4/08</u>	Daytime Phone # _____
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