## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#770520**

FILED May 13, 2009 Secretary of State

Entity Name: THE GRAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
1717 N. BAYSHORE DR ATTN: CONDO OFFICE MIAMI, FL 331321148		ATTN: RAFFI-CON	1717 N. BAYSHORE DR ATTN: RAFFI-CONDO OFFICE MIAMI, FL 331321148	
Current Mailing Address:		New Mailing Addr	New Mailing Address:	
ATTN RAF	AYSHORE DR FFI HAGOPIAN - CONDO OFFICE 331321148			
n accordan	: 59-2362349 FEI Number Applied For() FE ice with s. 607.193(2)(b), F.S., the corporation did not rec I Address of Current Registered Agent:	•	Certificate of Status Desired (X) s of New Registered Agent:	
C/O PHILL 4000 HOL HOLLYW( The above	e, DENNIS  IPS, EISINGER & KOSS,P.A.  LYWOOD BLVD, STE 265 SOUTH  DOD, FL 33021 US  e named entity submits this statement for the purpo	ose of changing its registe	ered office or registered agent, or both,	
	e of Florida.			
SIGNATUI	KE.			
	Electronic Signature of Registered Agent		Date	
	Electronic Signature of Registered Agent S AND DIRECTORS:	ADDITIONS/CHAN	Date NGES TO OFFICERS AND DIRECTOR	
OFFICER: Title: Name: Address:		ADDITIONS/CHAN Title: Name: Address: City-St-Zip:		
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	S AND DIRECTORS:  P () Delete  NUNEZ, RAFAEL  1717 N BAYSHORE DR APT # 2344	Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR	
	P () Delete NUNEZ, RAFAEL 1717 N BAYSHORE DR APT # 2344 MIAMI, FL 33132  VP () Delete JOSEPH, FRED 1717 N BAYSHORE DR # 3856	Title: Name: Address: City-St-Zip: Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition	
OFFICER:  Name: Address: City-St-Zip:  Fitle: Name: Address: City-St-Zip:  Fitle: Name: Address: Address:	P () Delete NUNEZ, RAFAEL 1717 N BAYSHORE DR APT # 2344 MIAMI, FL 33132  VP () Delete JOSEPH, FRED 1717 N BAYSHORE DR # 3856 MIAMI, FL 33132  T () Delete REAGAN, BARRIT 1717 N. BAYSHORE DR., # 2857	Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL NUNEZ P 05/13/2009