2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N26033

Entity Name: THE GRANDVIEW AT SPRING LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O PMS CORP
3150 VIA POINCIANA DR
LAKE WORTH, FL 33467

New Principal Place of Business:

3138 VIA POINCIANA
LAKE WORTH, FL 33467

Current Mailing Address:

C/O PMS CORP
3150 VIA POINCIANA DR
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0056857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

P.M.S. CORP.
3150 VIA POINCIANA DR
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GLEASON, FRAN
Address: 3138 VOA POINCIANA 305
City-St-Zip: LAKE WORTH, FL 33467

Title: DS ( ) Delete
Name: DENNISON, CORINNE
Address: 3138 VIA POINCIANA 305
City-St-Zip: LAKE WORTH, FL 33467

Title: DT ( ) Delete
Name: GILL, NORMAN
Address: 3138 VIA POINCIANA 317
City-St-Zip: LAKE WORTH, FL 33467

Title: DV ( ) Delete
Name: GREENSTONE, MARTIN
Address: 3138 VIA POINCIANA 206
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete
Name: POST, MAURICE
Address: 3138 VIA POINCIANA 115
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: POST, MAURICE
Address: 3138 VIA POINCIANA 115
City-St-Zip: LAKE WORTH, FL 33467

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FRAN GLEASON DP 04/16/2009

Electronic Signature of Signing Officer or Director — Date