
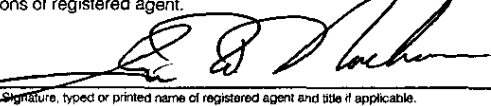
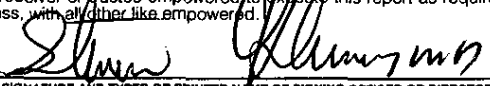


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N31027			
1. Entity Name GRAND PALMS COMMUNITY ASSOCIATION, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 101 Grand Palms Drive		3. Mailing Address 101 Grand Palms Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33027	Country	Zip 33027	Country
		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	
7. Name and Address of Current Registered Agent			
Name Irvin W. Nachman			
Street Address (P.O. Box Number is Not Acceptable)			
4441 Sterling Road			
City Ft. Lauderdale		FL	Zip Code 33314
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 		IRVIN W. NACHMAN 1/9/03	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
FEE IS \$61.25 Initial or Amended UBR		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	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD Kleinman, Steven 101 Grand Palms Drive Pembroke Pines, FL 33027			
IVPD Ladau, Jerome 101 Grand Palms Drive Pembroke Pines, FL 33027			
TD Shelley, Michael 101 Grand Palms Drive Pembroke Pines, FL 33027			
SD Neff, Arlena 101 Grand Palms Drive Pembroke Pines, FL 33027			
2nd VP Entin, Alvin 101 Grand Palms Drive Pembroke Pines, FL 33027			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1/8/03 954-437-2835	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED
03 JAN 21 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900011123009
01/29/03--01028--005 **\$61.25

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

CR2E037B (12/02)