

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000009238

**Entity Name:** PALM BREEZES PROPERTY OWNERS ASSOCIATION, INC.

**FILED**  
**Mar 20, 2013**  
**Secretary of State**  
**CC9567200484**

**Current Principal Place of Business:**

G.R.S. MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., SUITE 309  
LAKE WORTH, FL 33463

**Current Mailing Address:**

G.R.S. MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., SUITE 309  
LAKE WORTH, FL 33463

**FEI Number: 20-8440284**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GOEDE & ADAMCZYK, PLLC  
8200 NW 33RD ST., STE 303  
MIAMI, FL 33122 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            BRENNAN, MICHAEL  
Address        G.R.S. MANAGEMENT ASSOCIATES,  
                  INC.  
                  3900 WOODLAKE BLVD., SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            1ST VP  
Name            PAYEN, YVES  
Address        G.R.S. MANAGEMENT ASSOCIATES,  
                  INC.  
                  3900 WOODLAKE BLVD., SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            2ND VP  
Name            SAMMONS, JOSEPH  
Address        G.R.S. MANAGEMENT ASSOCIATES,  
                  INC.  
                  3900 WOODLAKE BLVD., SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            TREASURER  
Name            VALISH, BRIAN  
Address        G.R.S. MANAGEMENT ASSOCIATES,  
                  INC.  
                  3900 WOODLAKE BLVD., SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

Title            SECRETARY  
Name            COMBS, LISA  
Address        G.R.S. MANAGEMENT ASSOCIATES,  
                  INC.  
                  3900 WOODLAKE BLVD., SUITE 309  
City-State-Zip: LAKE WORTH FL 33463

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL BRENNAN**

**PRESIDENT**

**03/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date