

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31027

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC9600050515**

**Entity Name:** GRAND PALMS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

901 SABAL PALM DRIVE  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

901 SABAL PALM DRIVE  
PEMBROKE PINES, FL 33027 US

**FEI Number: 65-0101904**

**Certificate of Status Desired: No**

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

NACHMAN, IRVIN W  
4441 STIRLING RD  
FORT LAUDERDALE, FL 33314 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 P  
Name FLEMING, BILL  
Address 1221 WILSHIRE CIRLE EAST  
City-State-Zip: PEMBROKE PINES FL 33027

Title VD  
Name KLEIN, HUGO  
Address 502 SW 158 TERRACE #102  
City-State-Zip: PEMBROKE PINES FL 33027

Title TD  
Name MARTIN, RONALD  
Address 1442 LACOSTA DRIVE EAST  
City-State-Zip: PEMBROKE PINES FL 33027

Title SD  
Name BARRY, DAVID  
Address 552 ENCLAVE CIRCLE EAST  
City-State-Zip: PEMBROKE PINES FL 33027

*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: BILL FLEMING**

**PRESIDENT**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date