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

L

Electronic Signature of Signing Officer/Director Detail

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

Name and Address of Current Registered Agent:

NACHMAN, IRVIN W 4441 STIRLING RD FORT LAUDERDALE, FL 33314 US

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	Р	Title	VD
Name	FLEMING, BILL	Name	KLEIN, HUGO
Address	1221 WILSHIRE CIRLE EAST	Address	502 SW 158 TERRACE #102
City-State-Zip:	PEMBROKE PINES FL 33027	City-State-Zip:	PEMBROKE PINES FL 33027
Title	TD	Title	SD
l itle Name	TD MARTIN, RONALD	Title Name	SD BARRY, DAVID

PRESIDENT

01/06/2017

Date