

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734704

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** GRAPETREE TOWNHOMES CONDOMINIUMS OF KEY BISCAYNE, INC.

**Current Principal Place of Business:**

265 GRAPETREE DR.  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

265 GRAPETREE DR.  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 59-1671949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHELE & ASSOCIATES  
800 CRANDON BLVD #102  
KEY BISCAYNE, FL 33149 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: VP ( ) Delete  
Name: TOMAS, JOHN  
Address: 2860 SW 129 AVENUE  
City-St-Zip: MIAMI, FL 33175

Title: T ( ) Delete  
Name: DUPEYROUX, MARIE CLAIRE  
Address: 425 GRAPETREE DRIVE #207  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: QUINLAN, EDWARD  
Address: 450 GRAPETREE DR #305  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD ( ) Delete  
Name: GUERRA, PATRICIA  
Address: 425 GRAPETREE DR #203  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD ( ) Delete  
Name: STOLLMAN, STEVEN  
Address: 425 GRAPETREE DR #214  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SEC (X) Change ( ) Addition  
Name: LUIS, ARRONDO  
Address: 350 GRAPEETREE DRIVE #406  
City-St-Zip: KEY BISCAYNE, FL 33149

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

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

Title: VP (X) Change ( ) Addition  
Name: GUERRA, PATRICIA  
Address: 425 GRAPETREE DR #203  
City-St-Zip: KEY BISCAYNE, FL 33149

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN STOLLMAN

P

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date