2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 734704

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 PD 04/20/2009

Electronic Signature of Signing Officer or Director — Date