

FILED
Apr 09, 2007 8:00 am
Secretary of State

FROM : wuz up

FAX NO. : 9567940

04-09-2007 90091 009 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 745576			
1. Entity Name GRANT PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2016 S. GRANT PLACE, #10 MELBOURNE, FL 32901		Mailing Address 1103 W HIBISCUS BLVD SUITE 308W MELBOURNE, FL 32901 <i>1900 S. Harbor City Blvd. SUITE 200 US Melbourne, FL 32901</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
03272007		Chg-NP CR2E087 (12/06)	
4. FEI Number 59-2949166		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TUBITO, FRANK 1103 W HIBISCUS BLVD STE 308W MELBOURNE, FL 32901		Name FRANK TUBITO Street Address (P.O. Box Number is Not Acceptable) 1900 S. Harbor City Blvd. STE 200 City MELBOURNE FL Zip Code 32901	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WELCH, RON 2012 GRANT PLACE #15 MELBOURNE, FL 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUBITO, FRANK 2012 GRANT PL #18 MELBOURNE, FL 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAHLE, BARBARA 2016 GRANT PL, # 12 MELBOURNE, FL 32901 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: <i>4/5/07</i> 321-537-0449	
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR		Date	