SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 751358

(3)

GRACELAND PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 200 EAST BROWARD BOULEVARD 200 EAST BROWARD BOULEVARD PO BOX 1900 PO BOX 1900 DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33301-3503 FORT LAUDERDALE FL 33301-3503 3. Date Incorporated or Qualified 3a. Date of Last Report 03/03/1980 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26-4226203 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 ГΊ Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** MCCLOSKY, DONALD C 82 Street Address (P.O. Box Number is Not Acceptable) 200 EAST BROWARD BOULEVARD FORT LAUDERDALE FL 33302 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PID DELETE 1.1 TITLE ☐ Change Addition MCCLOSKY, DONALD C NAME 1.2 NAME STREET ADDRESS 200 EAST BROWARD BLVD 1.3 STREET ADDRESS FT LAUDERDALE, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE ☐ Change ☐ Addition NAME MCCLOSKY, JUDY H 2.2 NAME 200 EAST BROWARD BLVD STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE, FL 00000 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition MCCLOSKY, REED B NAME 3.2 NAME 200 EAST BROWARD BLVD STREET ADDRESS 3.3 STREET ADDRESS FT LAUDERDALE, FL 00000 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 THILE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS it CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY+ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 couporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 3 If changed, or on an attachment with an address.

FILED

Jul 30 1997 8:00am

Secretary of State