


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 751358 (3)</b> 1. Corporation Name <b>GRACELAND PARK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>200 EAST BROWARD BOULEVARD PO BOX 1900 FORT LAUDERDALE FL 33301-3503</b>			Mailing Address <b>200 EAST BROWARD BOULEVARD PO BOX 1900 FORT LAUDERDALE FL 33301-3503</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>03/03/1980</b> 4. FEI Number <b>26-4226203</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent <b>MCCLOSKEY, DONALD C 200 EAST BROWARD BOULEVARD FORT LAUDERDALE FL 33302</b>			
10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code		11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida 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 Florida. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PTD <input type="checkbox"/> DELETE				
NAME	MCCLOSKEY, DONALD C				
STREET ADDRESS	200 EAST BROWARD BLVD				
CITY-ST-ZIP	FT LAUDERDALE, FL 00000				
TITLE	SVD <input type="checkbox"/> DELETE				
NAME	MCCLOSKEY, JUDY H				
STREET ADDRESS	200 EAST BROWARD BLVD				
CITY-ST-ZIP	FT LAUDERDALE, FL 00000				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MCCLOSKEY, REED B				
STREET ADDRESS	200 EAST BROWARD BLVD				
CITY-ST-ZIP	FT LAUDERDALE, FL 00000				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (10/97)

SIGNATURE:

*[Signature]*  
1-21-98 954-764-6660