

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:00

DOCUMENT # 770520 (5)

1. Corporation Name

THE GRAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1717 N. BAYSHORE DR
MIAMI FL 33132-1148

Mailing Address

1717 N. BAYSHORE DR
MIAMI FL 33132-1148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1983

3a. Date of Last Report

07/14/1994

4. FEI Number

59-2362349

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)

☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

EISINGER, DENNIS
% BUCHANAN INGERSOLL
19495 BISCAYNE BLVD STE 606
N MIAMI BCH. FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

NEWMAN, ADELE

STREET ADDRESS

1717 N BAYSHORE DR

CITY-ST-ZIP

MIAMI FL

TITLE

VD

NAME

SHUR, LEE

STREET ADDRESS

1717 N BAYSHORE DR

CITY-ST-ZIP

MIAMI FL

TITLE

S

NAME

JOSEPH, FRED

STREET ADDRESS

1717 N. BAYSHORE DR., STE. 3856

CITY-ST-ZIP

MIAMI FL

TITLE

T

NAME

RIVERA, EDUARDO

STREET ADDRESS

1717 N. BAYSHORE DR., STE. 2931

CITY-ST-ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change ☐ Addition

1.2 NAME

Fred Joseph

1.3 STREET ADDRESS

1717 N. Bayshore Dr. # 3856

1.4 CITY-ST-ZIP

Miami, FL 33132

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Secretary

☒ Change ☐ Addition

3.2 NAME

Julie Grimes

3.3 STREET ADDRESS

1717 N. Bayshore Drive

3.4 CITY-ST-ZIP

Miami, FL 33132

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Director

☐ Change ☒ Addition

5.2 NAME

Adele Neumann

5.3 STREET ADDRESS

1717 N. Bayshore Dr # 2231

5.4 CITY-ST-ZIP

Miami, FL 33132

6.1 TITLE

Director

☐ Change ☒ Addition

6.2 NAME

Norman Zaikaib

6.3 STREET ADDRESS

1717 N. Bayshore Dr.

6.4 CITY-ST-ZIP

Miami, FL 33132

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Fred Joseph, President

3/2/95 (305) 579-9088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #