

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 11, 1996 08:00 AM**  
**Secretary of State**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # 770520 (5)**  
 1. Corporation Name  
**THE GRAND CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1717 N. BAYSHORE DR MIAMI FL 33132-1148**

3. Date Incorporated or Qualified **09/30/1983** 3a. Date of Last Report **03/22/1995**  
 4. FEI Number **59-2362349** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 29 Zip 30 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 **Dennis Eisinger 40 Phillips, Eisinger + Koss, P.A.**  
 82 Street Address (P.O. Box Number is Not Acceptable) **4000 Hollywood Blvd**  
 83 **Suite 265 South**  
 84 City **Hollywood** FL 85 Zip Code **33021**

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 617.1503, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/20/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GRIMES, JULIE</b>
STREET ADDRESS	<b>1717 N BAYSHORE DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>SHUR, LEE</b>
STREET ADDRESS	<b>1717 N BAYSHORE DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>JOSEPH, FRED</b>
STREET ADDRESS	<b>1717 N. BAYSHORE DR., STE. 3856</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>RIVERA, EDUARDO</b>
STREET ADDRESS	<b>1717 N. BAYSHORE DR., STE. 2931</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>NEUMANN, ADELE</b>
STREET ADDRESS	<b>1717 N BAYSHORE DR #2231</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>S</b> <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	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>T</b> <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	

**900001739259**  
**-03/12/96--01011--002**  
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*[Signature]* **2/11/96**

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* **FRED JOSEPH, President** 2/7/96 579-9088  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)