

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90246 010 \*\*\*\*61.50

0029712

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 770520**

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
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 09/30/1983
22 City & State	27 City & State	4. FEI Number 59-2362349
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	25	29
26	27	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**EISINGER, DENNIS**  
**C/O PHILLIPS, EISINGER & KOSS, P.A.**  
**4000 HOLLYWOOD BLVD, STE 265 SOUTH**  
**HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, JULIE	1.2 NAME	GRIMES, JULIE
STREET ADDRESS	1717 N BAYSHORE DR	1.3 STREET ADDRESS	1717 N. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMTER, RON	2.2 NAME	SAMTER RON
STREET ADDRESS	1717 N BAYSHORE DR #4232	2.3 STREET ADDRESS	1717 N. BAYSHORE DR #4232
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, FRED	3.2 NAME	JOSEPH, FRED
STREET ADDRESS	1717 N. BAYSHORE DR., STE. 3856	3.3 STREET ADDRESS	1717 N. BAYSHORE DR. STE 3856
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, EDUARDO	4.2 NAME	RIVERA Eduardo A
STREET ADDRESS	1717 N. BAYSHORE DR., STE. 2931	4.3 STREET ADDRESS	1717 N. Bayshore Dr &
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEUMANN, ADELE	5.2 NAME	KRIEGER, STANLEY
STREET ADDRESS	1717 N BAYSHORE DR #2231	5.3 STREET ADDRESS	1717 N. BAYSHORE DR.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAKAIB, NORMAN	6.2 NAME	LACLE, ROBERT
STREET ADDRESS	1717 N BAYSHORE DR	6.3 STREET ADDRESS	1717 N. BAYSHORE DR
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI FL

14. I hereby certify that the information supplied with this filing 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jan. 25, 99 (305) 577-9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)