

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90150 028 ****61.25

DOCUMENT # N00000001684

1. Entity Name
**THE GRAND BEACH RESORT II CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**8309 LAKE BRYAN BEACH BLVD.
ORLANDO, FL 32821**

Mailing Address
**6751 FORUM DR
#200
ORLANDO, FL 32821**

40066247



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112007 Chg-NP CR2E037 (12/06)

4. FEI Number
86-0713421

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME GARMNENDIA, MARC
STREET ADDRESS 6751 FORUM DR #200
CITY-ST-ZIP ORLANDO, FL 32821

TITLE PD ☒ Change ☐ Addition
NAME **TERESA MEJIA-JOHNSON**
STREET ADDRESS **11523 EDGEWATER DR**
CITY-ST-ZIP **CLEVELAND, OH 44102**

TITLE DV ☒ Delete
NAME MUNIZ, JAMES
STREET ADDRESS 6751 FORUM DR #200
CITY-ST-ZIP ORLANDO, FL 32836

TITLE VPD ☐ Change ☐ Addition
NAME **DIEGO DIAZ**
STREET ADDRESS **371 DELANO PLACE, 2nd FLOOR**
CITY-ST-ZIP **FAIRVIEW, NJ 07022**

TITLE TSD ☐ Delete
NAME SABO, JASON
STREET ADDRESS 3865 W. CHEYENNE AVE
CITY-ST-ZIP NORTH LAS VEGAS, NV 89032

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07

Date

407-465-2310

Daytime Phone #