2006 NOT-FOR-PROFIT CORPORATION

FILED Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90185 003 ****61.25

ANNUAL REPORT	
DOCUMENT # N0000006676	

1. Entity Nam GRAND (INC.		ARA CONDOMINI	UM ASSOCIATIO	ν,		0.	2, 2000	70103 00.		
, ,	gary St.	; ry mgmt., inc.	Mailing Address PROGRESSIVE COMM 1801 GLEN GARY ST SARASOTA, FL 3423			# ####################################				
2. Principal F	Place of Busine	ess	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02	212006 Ch	g-NP	CR2E037	7 (11/05)		
City & State		City & State			FEI Number 59-3718324	4		<u> </u>	pplied For ot Applicable	
Zip		Country'	Žip	Country	5.	Certificate of Sta	tus Desired		8.75 Ade	
	6. Name	and Address of Current i	Registered Agent		7.	Name and Addr	ess of New R	legistered A	gent	
PPACPE	eel/E col	MMUNITY MGMT., II	NC.	Name						
1801 GLE	NGARY ST FA, FL 342	Γ. γ.	V C.	Street	Address (P.O. E	Box Number is N	lot Acceptable	e)		
				City				FL	Zip Coo	de
	tions of registe	y submifs this statement for ered agent.	the purpose of changing	its registered office	or registered ag	gent, or both, in t	the State of Fio	orida. I am fa	umiliar with,	, and accept
		or printed name of registered agent a	and title if epplicable. (h	VOTE: Registered Agent sign	sture required when r	einstatino)		DATE	-	
	_			Campaign Financing d Contribution.		00 May Be ed to Fees		lake check Ida Depart		
10.	_		Trust Fun		Li Adde	00 Мау Ве	Flor	lake check Ida Depart	ment of S	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by M D WIXSON, 6310 GRA	iay 1, 2006	Trust Fun	d Contribution.	ADDIT TD BARN 6318	00 May Be ad to Fees FIONS/CHANGE	Flor STO OFFICE CK OAK C	lake check Ida Depart RS AND DIR	ment of S ECTORS III Change	N 10
TITLE NAME STREET ADDRESS	Due by M WIXSON, 6310 GRA BRADENT SD MORALES 6350 GRA	OFFICERS AND DIF GERALD ND OAK CIR., #206 FON, FL 34203	Trust Fun	11. TITLE NAME STREET ADDRESS	ADDIT TD BARN 6318 BRAD 5D CHR	00 May Be ed to Fees FIONS/CHANGE ES JA GRAND ENTON	FLOOFFICE	Iake check Ida Depart RS AND DIR IRCLE, 342	ment of S ECTORS IN □ Change ± / 0 0 3 □ Change	N 10 Addition Addition
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in bulleton on this report or suppremental 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 is 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: