

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 19, 2007 8:00 am
Secretary of State**

03-19-2007 90053 032 ****61.25

DOCUMENT # N01000008907		
1. Entity Name GRAND PALMS IV CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 5401 KIRKMAN RD STE 450 ORLANDO, FL 32819		Mailing Address C/O COMMUNITY MGMT 5401 KIRKMAN RD STE 450 ORLANDO, FL 32819	
---	--	--	--

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COMMUNITY MGMT. PROF, INC, 5401 KIRKMAN RD STE 450 ORLANDO, FL 32819		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

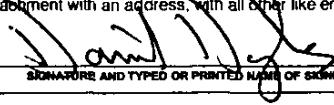
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	P BARKER, COLLIN 8824B GRAND PALMS CIR KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATTERSON, BARBARA 8815A GRAND PALMS CIR KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARKER, LINDA 8824B GRAND PALMS CIR KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOYLE, DAVID 8822B GRAND PALMS CIR KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, STEVE 8804B GRAND PALMS CIR KISSIMMEE, FL 34747	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **3/06/07** **Date** _____ **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR