

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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FILED

2006 OCT -2 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/17/06 90087 046 6128



<b>DOCUMENT # N01974</b> 1. Entity Name <b>GRENADIER EAST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>CONSOLIDATED COMMUNITY MGT. 10034 W. MCNAB RD. TAMARAC, FL 33321</b>				Mailing Address <b>CONSOLIDATED COMMUNITY MGT. 10034 W. MCNAB RD. TAMARAC, FL 33321</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2491444</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MILES, JAMES R 10034 W. MCNAB RD. TAMARAC, FL 33321</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <b>9-23-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GORDON, BRUCE</b>		NAME		
STREET ADDRESS	<b>10716 ROYAL PALM BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL SPRGS, FL 33065</b>		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>RIVERA, STEVE</b>		NAME	<b>Jaime Romany SD</b>	
STREET ADDRESS	<b>10716 ROYAL PALM BLVD.</b>		STREET ADDRESS	<b>10750 Royal Palm Blvd.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL</b>		CITY-ST-ZIP	<b>Coral Springs, FL 33075</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>PRIZE, IRIT</b>		NAME	<b>Kwayana Richards TD</b>	
STREET ADDRESS	<b>10702 ROYAL PALM BLVD.</b>		STREET ADDRESS	<b>10754 Royal Palm Blvd</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL</b>		CITY-ST-ZIP	<b>Coral Springs, FL 33075</b>	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KINCANNON, SCOTT</b>		NAME		
STREET ADDRESS	<b>10708 ROYAL PALM BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL SPRINGS, FL</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>9-23-06</b> Daytime Phone # <b>454-755-5440</b>		

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Grenadier East Condominium Inc.  
C/O Consolidated Community Management, Inc.  
10034 West McNab Rd.  
Tamarac, Fl. 33321  
954-718-9903  
954-718-9946

September 28, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6850  
Tallahassee, FL 32314

Re: Grenadier East Condominium, Document # N01974

To whom it may concern:

Please find enclosed, a copy of the reinstatement form for 2006. Apparently, there was a rejection form mailed from the State in February 2006 to the management office but it was never received by mail. Had we been aware of the rejection, the form would have been corrected immediately. Please waive the \$175.00 fee.

Thank you, and if you have any questions contact the management office at the above number.

Sincerely,

Bruce Gordon  
President of Grenadier East Condominium