


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90014 035 ****61.25

DOCUMENT # N01974 1. Entity Name GRENADIER EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business CONSOLIDATED COMMUNITY MGT. 10034 W. MCNAB RD. TAMARAC, FL 33321			Mailing Address CONSOLIDATED COMMUNITY MGT. 10034 W. MCNAB RD. TAMARAC, FL 33321		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2491444	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKALAR & EICHNER, P.A. WESTSIDE CORPORATE CENTER 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD GORDON, BRUCE 10716 ROYAL PALM BLVD CORAL SPRGS, FL 33065	<input type="checkbox"/> Delete	TITLE <i>Sec</i> NAME <i>MARIE ALLEN</i> STREET ADDRESS <i>10738 ROYAL PALM</i> CITY-ST-ZIP <i>CORAL SPRING FL 33065</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMANY, JAIME 10750 ROYAL PALM BLVD CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete	TITLE <i>Dir</i> NAME <i>EDWARD F. LORENZA</i> STREET ADDRESS <i>10750 ROYAL PALM</i> CITY-ST-ZIP <i>CORAL SP FL 33065</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDS, KWAYANA 10754 ROYAL PALM BLVD. CORAL SPRINGS, FL 33075	<input checked="" 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	TD SANTILLI, RICHARD 10738 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<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 FOREMAN, BRENDA 10744 ROYAL PALM BLVD CORAL SPRINGS, FL 33065	<input checked="" 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	<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 fee empowered.					
SIGNATURE: <i>Richard A Santilli</i> 4/7/08 954-632-8752 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					