


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90225 016 ****61.25

DOCUMENT # N01975 1. Entity Name GRENADIER WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9365 W. SAMPLE RD #203 CORAL SPRINGS, FL 33065 US			Mailing Address PO BOX 8506 CORAL SPRINGS, FL 33075 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0011728		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CONDO-MANAGEMENT ALTERNATIVE, INC 9365 W SAMPLEROAD #203 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name CONDO MANAGEMENT ALTERNATIVE Street Address (P.O. Box Number is Not Acceptable) 9365 W. SAMPLE ROAD #203 City CORAL SPRINGS FL Zip Code 33065		
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 <u><i>Ronald Saathoff</i></u> RONALD SAATHOFF		DATE 2/28/06			
Filing Fee is \$61.25 Due by May 1, 2006		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	PD CASSIDY, PAMELA PO BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DIMAIO, LORI PO BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KUDRNA, FRANK PO BOX 8506 CORAL SPRINGS, FL 33075	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <u><i>Lori A. Dimadio</i></u> LORI A. DIMADIO		DATE 3/13/06		DAYTIME PHONE # 954-752-4796	

50003061



02012006 Chg-NP CR2E037 (11/05)