2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01975

FILED Mar 16, 2009 Secretary of State

Entity Name: GRENADIER WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9365 W. SAMPLE RD 9365 W SAMPLE RD

#203 #203

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 US

Current Mailing Address: New Mailing Address:

PO BOX 8506

CORAL SPRINGS, FL 33075 US

FEI Number: 65-0011728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONDO MANAGEMENT ALTERNATIVE, INC. CONDO MANAGEMENT ALTERNATIVE, INC.

9365 W SAMPLEROAD 9365 W SAMPLE RD

#203 #203

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 US

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.

SIGNATURE: 03/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PTD (X) Change () Addition

 Name:
 CASSIDY, PAMELA
 Name:
 CASSIDY, PAMELA

 Address:
 PO BOX 8506
 Address:
 PO BOX 8506

City-St-Zip: CORAL SPRINGS, FL 33075 City-St-Zip: CORAL SPRINGS, FL 33075

Title: STD () Delete Title: D (X) Change () Addition

 Name:
 CARMELO, MOLL
 Name:
 CARMELO, MOLL

 Address:
 PO BOX 8506
 Address:
 PO BOX 8506

City-St-Zip: CORAL SPRINGS, FL 33075 City-St-Zip: CORAL SPRINGS, FL 33075

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf VSD} \qquad ({\sf X}) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 KUDRNA, FRANK
 Name:
 KUDRNA, FRANK

 Address:
 PO BOX 8506
 Address:
 PO BOX 8506

City-St-Zip: CORAL SPRINGS, FL 33075 City-St-Zip: CORAL SPRINGS, FL 33075

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA CASSIDY PTD 03/16/2009