FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01977 (0)

1. Corporation Name

GRENADIER LAKES AT WELLEBY CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
%P.A. LETHBRIDGE & CO. 100 S PINE ISLAND RO., STE. 200 PLANTATION FL 33324 US	%P.A. LETHBRIDGE & CO. 100 S PINE ISLAND RO., STE. 200 PLANTATION FL 33324 US

3. Date Incorporated or Qualified: 03/15/1984
3a. Date of Last Report: 10/06/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2816763 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KAYE & ROGER, PA
1500 W. CYPRESS CREEK ROAD, SUITE 207
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HEYMAN, IRIS		1.2 NAME		
STREET ADDRESS	3584 NW 95TH TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RIBNER, CHET		2.2 NAME		
STREET ADDRESS	3655 NW 94TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33351		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GALLO, ADELE		3.2 NAME		
STREET ADDRESS	3566 NW 95TH TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DURMASKIN, NORMAN		4.2 NAME		
STREET ADDRESS	3560 NW 95TH TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LENTO, BARBARA		5.2 NAME		
STREET ADDRESS	3544 NW 95TH TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TEMPERILLI, JIM		6.2 NAME		
STREET ADDRESS	3546 NW 95TH TERR		6.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Iris Heyman, Pres. IRIS HEYMAN 3-21-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)