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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33324-2684
US

3. Date Incorporated or Qualified
03/15/1984

3a. Date of Last Report
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

10. Name and Address of New Registered Agent

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

81 Name

Kaye & Roger, PA

82 Street Address (P.O. Box Number is Not Acceptable)

6261 NW 6 Way

83

Suite 103

84 City

Ft. Lauderdale

FL

85 Zip Code

33309

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME HEYMAN, IRIS
STREET ADDRESS 3584 NW 95TH TERR
CITY-ST-ZIP SUNRISE FL

1.1 TITLE VP ☐ Change ☐ Addition
1.2 NAME Ellen Seidman
1.3 STREET ADDRESS 3604 NW 95 Ter., O-3
1.4 CITY-ST-ZIP Sunrise, FL 33351

TITLE T ☐ DELETE
NAME RIBNER, CHET
STREET ADDRESS 3655 NW 94TH AVE
CITY-ST-ZIP SUNRISE FL 33351

2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME Deborah Weingarten
2.3 STREET ADDRESS 3551 NW 94 Ave., C-6
2.4 CITY-ST-ZIP Sunrise, FL 33351

TITLE VP ☒ DELETE
NAME GALLO, ADELE
STREET ADDRESS 3586 NW 95TH TERRACE
CITY-ST-ZIP SUNRISE FL

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME Vincent Maccariello
3.3 STREET ADDRESS 3580 NW 95 Ter., P-1
3.4 CITY-ST-ZIP Sunrise, FL 33351

TITLE S ☐ DELETE
NAME DURMASKIN, NORMAN
STREET ADDRESS 3580 NW 95TH TERRACE
CITY-ST-ZIP SUNRISE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME LENTO, BARBARA
STREET ADDRESS 3544 NW 95TH TERRACE
CITY-ST-ZIP SUNRISE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME TEMPERILLI, JIM
STREET ADDRESS 3546 NW 95TH TERR
CITY-ST-ZIP SUNRISE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

Signature: Iris Heyman 4/4/97 (954) 572-7487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0037241

CR2E037 (9/96)