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Secretary of State
05-03-2005 90140 006 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01977

1. Entity Name
GRENADIER LAKES AT WELLEBY CONDOMINIUM, INC.

66021916

Principal Place of Business	Mailing Address
C/O CASTLE MANAGEMENT, INC. 4450 W SUNRISE BLVD, C-100 PLANTATION, FL 33313 US	C/O CASTLE MANAGEMENT, INC. PO BOX 189013 PLANTATION, FL 33318 US

04262005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. LANDMARK MANAGEMENT SERVICES, INC	Suite, Apt. #, etc. LANDMARK MANAGEMENT SERVICES, INC
12323 SW 55 STREET BLDG 1000 STE 1002 COOPER CITY, FL 33330	City 12323 SW 55 STREET BLDG 1000 STE 1002 COOPER CITY, FL 33330
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53RD STREET, STE 300 BOCA RATON, FL 33487	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 HEYMAN, IRIS 3584 NW 95TH TERR SUNRISE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TEMPERILLI, JAMES 3546 NW 95TH TERRACE SUNRISE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RODRIGO CONSUEGRA 3574 NW 95 TERR SUNRISE, FL 33351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSENSTEIN, ROBBIN 3610 NW 95TH TERR. SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDA CALIFANO 3634 NW 95 TERR SUNRISE FL 33351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRETT, JONI 3599 NW 94TH ST., B-5 SUNRISE, FL 33351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARRIE BARHAM 3553 NW 94 AVE SUNRIS, FL 33351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SEIDMAN, ELLEN 3604 NW 95TH TERR #0-3 SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIEL BURTLV 3613 NW 94 AVE SUNRISE, FL 33351	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CAVALLO, ROCCO 3680 NW 95 TERR SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I 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 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: Iris Heyman President IRIS HEYMAN 5-26-05 (954) 572-7487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #