

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 014 ****61.25

DOCUMENT # N01977 1. Entity Name GRENADIER LAKES AT WELLEBY CONDOMINIUM, INC.					
Principal Place of Business C/O STATE REALTY INC 5505 PEMBROKE RD HOLLYWOOD, FL 33021 US				Mailing Address C/O STATE REALTY INC 5505 PEMBROKE RD HOLLYWOOD, FL 33021 US	
2. Principal Place of Business - No P.O. Box # 3084 NW 95th Terrace Suite, Apt. #, etc.		3. Mailing Address 8581 W. McNeil Rd Suite, Apt. #, etc.			
City & State SUNRISE, FL		City & State TAMPA, FL		4. FEI Number 59-2816763	
Zip 33351		Country FLORIDA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53RD STREET, STE 300 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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 V	NAME HEYMAN, IRIS		TITLE DIRECTOR	NAME IRIS Heyman	
STREET ADDRESS 3584 NW 95TH TERR	CITY-ST-ZIP SUNRISE, FL		STREET ADDRESS 3584 NW 95th Terrace	CITY-ST-ZIP SUNRISE, FL 33351	
TITLE MARGARET Borg V.P.D			TITLE IRIS Heyman		
NAME 3534 NW 95TH TERR			NAME 3584 NW 95th Terrace		
STREET ADDRESS SUNRISE, FL 33351			STREET ADDRESS SUNRISE, FL 33351		
CITY-ST-ZIP SUNRISE, FL 33351			CITY-ST-ZIP SUNRISE, FL 33351		
TITLE Janet Heiligiger Sec. D			TITLE Linda Califano		
NAME 3630 NW 95th Terrace			NAME 3634 NW 95th Terrace		
STREET ADDRESS SUNRISE, Florida 33351			STREET ADDRESS SUNRISE, Florida 33351		
CITY-ST-ZIP SUNRISE, Florida 33351			CITY-ST-ZIP SUNRISE, Florida 33351		
TITLE President, D.			TITLE President, D.		
NAME Stacy Heyman			NAME Stacy Heyman		
STREET ADDRESS 3584 NW 95th Terrace			STREET ADDRESS 3584 NW 95th Terrace		
CITY-ST-ZIP SUNRISE, Florida 33351			CITY-ST-ZIP SUNRISE, Florida 33351		
TITLE President, D.			TITLE President, D.		
NAME Stacy Heyman			NAME Stacy Heyman		
STREET ADDRESS 3584 NW 95th Terrace			STREET ADDRESS 3584 NW 95th Terrace		
CITY-ST-ZIP SUNRISE, Florida 33351			CITY-ST-ZIP SUNRISE, Florida 33351		
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>Stacy Heyman</u> <u>President, D.</u> <u>02/20/07</u> <u>825-8299</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					