



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90201 039 ****61.25

DOCUMENT # N02000001447					
1. Entity Name GRAND HAVEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 917 S.E. 36TH STREET CAPE CORAL, FL 33904			Mailing Address 909 S.E. 47TH TERRACE 105 CAPE CORAL, FL 33904		
2. Principal Place of Business American Condo Management, Inc. Suite, Apt. #, etc. 909 SE 47th Terr. Ste. #105		3. Mailing Address Suite, Apt. #, etc.			
City & State Cape Coral, FL		City & State		4. FEI Number 20-1173056	
Zip 33904		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHUTT, DARRIN R 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent Name: <u>SUSAN KASE</u> Street Address (P.O. Box Number is Not Acceptable): <u>909 SE 47th Terr.</u> <u>Suite 105</u> City: <u>CAPE CORAL</u> <u>FL</u> Zip Code: <u>33904</u>		
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: <u>Susan Kase</u> DATE: <u>4/23/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WILTERDINK, JAMES 230 SE 45TH TERRACE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <u>Robert Solomon</u> <u>917 SE 36th St. #103</u> <u>CAPE CORAL, FL 33904</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VAN DER WERF, VICKI LEE 230 SE 45TH TERRACE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <u>John A. Nelson</u> <u>917 SE 36th St #102</u> <u>CAPE CORAL, FL 33904</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILTERDINK, JODI LYNN 230 SE 45TH TERRACE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <u>Kenneth Kizer</u> <u>917 SE 36th St #105</u> <u>CAPE CORAL, FL 33904</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.					
SIGNATURE: <u>Robert Solomon</u>			Date: <u>239-542-4404</u>		