


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90047 026 ****61.25

DOCUMENT # N02000009965 1. Entity Name GRANTHAM CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134		Mailing Address 2020 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573	
2. Principal Place of Business - No P.O. Box # STERLING MANAGEMENT Suite, Apt. #, etc. 1701-B RICKENBACKER DR.		3. Mailing Address STERLING MANAGEMENT Suite, Apt. #, etc. 1701-B RICKENBACKER DR.	
City & State SUN CITY CENTER FL		City & State SUN CITY CENTER FL	
Zip 33573	Country	Zip 33573	Country
4. FEI Number 27-0048991		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAW OFF OF JAMES R DE FURIO, P.A. 201 EAST KENNEDY BLVD SUITE 1460 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 KANGEISER, HARRY 2104 GRANTHAM GREENS DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SHARP, ROBERT 2103 GRANTHAM GREENS DR SUN CITY CENTER FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TATTARELL, RICHARD 2104 GRANTHAM GREENS DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ATKINS, STAN 2021 GRANTHAM GREENS DR. SUN CITY CENTER FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ARGOTT, ELIZABETH 2128 GRANTHAM GREENS DR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARGOTT, LIZ 2128 GRANTHAM GREENS DR SUN CITY CENTER FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RICHARDS, BILL 2055 2104 GRANTHAM GREENS DR SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KAPPEL, CHARLOTTE 2107 GRANTHAM GREENS DR SUN CITY CENTER FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOMAN, NORMA 2104 GRANTHAM GREENS DR SUN CITY CENTER, FL 33573 <input checked="" 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 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>Elizabeth Argott, President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/6/07	Daytime Phone # 642-8990