

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005678

FILED
Mar 30, 2009
Secretary of State

Entity Name: THE GRANDVIEW PALACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7601 EAST TREASURE DRIVE
#25
NORTH BAY VILLAGE, FL 33141

New Principal Place of Business:

Current Mailing Address:

7601 EAST TREASURE DRIVE
#25
NORTH BAY VILLAGE, FL 33141

New Mailing Address:

FEI Number: 13-4256845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIMA, SOPHIA
7601 EAST TREASURE DRIVE
CU9
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIMA, SOPHIA
Address: 7601 E TREASURE DR, STE 25
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: T () Delete
Name: LOUIS, TODD
Address: 7601 E TREASURE DR, STE 25
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: V () Delete
Name: TRUJILLO, REINALDO
Address: 7601 E TREASURE DR, STE 25
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: D () Delete
Name: EDWARDS, JAMES
Address: 7601 E TREASURE DR, STE 25
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: S () Delete
Name: REITMAN, MARILYN
Address: 7601 EAST TREASURE DR STE 25
City-St-Zip: NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOPHIA LIMA

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date