

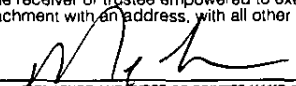


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000007869 1. Entity Name GRANDE VILLAS AT WORLD GOLF VILLAGE CONDOMINIUM ASSOCIATION, INC.				
Principal Place of Business 4960 CONFERENCE WAY NORTH SUITE 100 BOCA RATON, FL 33431		Mailing Address 4960 CONFERENCE WAY NORTH SUITE 100 BOCA RATON, FL 33431		
DO NOT WRITE IN THIS SPACE				
				
		03272008 No Chg-NP CR2E037 (4/06)		
		4. FEI Number 43-2033985		
		Applied For Not Applicable		
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE		
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, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		<div style="text-align: right; margin-bottom: 20px;">000000982142 05/22/08-80043-016 70.00</div> DO NOT WRITE IN THIS SPACE		
TITLE	PD			
NAME	KNOFLA, JOEL			
STREET ADDRESS	4960 CONFERENCE WAY N STE 100			
CITY-ST-ZIP	BOCA RATON, FL 33431			
TITLE	STD			
NAME	BASYE, LEON			
STREET ADDRESS	4960 CONFERENCE WAY NORTH SUITE 100			
CITY-ST-ZIP	BOCA RATON, FL 33431			
TITLE	VD			
NAME	LALIBERTE, RAYMOND			
STREET ADDRESS	4960 CONFERENCE WAY NORTH SUITE 100			
CITY-ST-ZIP	BOCA RATON, FL 33431			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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: 		501-912-8129		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		