2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008547

1. Entity Name
UNITED GRAND CONDOMINIUM OWNERS, INC.

Principal Place of Business	Mailing Address
1717 N. BAYSHORE DR. #2331 APT. 2331 MIAMI, FL 33132 US	1717 N. BAYSHORE DR. 2331 APT. 2331 MIAMI, FL 33132 US

DO NOT WRITE IN THIS SPACE

03082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-0234464

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CANTWELL, RONALD
1717 N. BAYSHORE DR. # 2331
APT. 2331
MIAMI, FL 33132

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

H03000056033
03/22/06-80059-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CANTWELL, RONALD
STREET ADDRESS	1717 N BAYSHORE DR #2331
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	VP
NAME	COHN, SUSAN
STREET ADDRESS	1717 N BAYSHORE DR #4131
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	T
NAME	BIENVENU, BARBARA
STREET ADDRESS	1717 N BAYSHORE DR #2034
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	THEBERGE, LUC
STREET ADDRESS	1717 N. BAYSHORE DR. #2355
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	ARISTONDO, DOMINIQUE
STREET ADDRESS	1717 N BAYSHORE DR #4236
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	D
NAME	SCHATZMAN, LARRY O
STREET ADDRESS	1717 N BAYSHORE DR #2254
CITY-ST-ZIP	MIAMI, FL 33132

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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: Barbara Bienvenu Treas 3/8/06 305-577-3837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #