2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04000001530

Entity Name: GRAND VIEW ARMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1780 S.E. 4TH STREET
UNIT #5
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

1780 S.E. 4TH STREET
UNIT #5
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 20-0797264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NENGEL, TIMOTHY E
1780 S.E. 4TH STREET
UNIT #5
POMPANO BEACH, FL 33060 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: RATTIGAN, JOHN
Address: 1780 S.E. 4TH STREET, UNIT #7
City-St-Zip: POMPANO BEACH, FL 33060

Title: VD ( ) Delete
Name: STERTZBACH, VAUGH
Address: 1780 S.E. 4TH STREET, UNIT #6
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD ( ) Delete
Name: NENGEL, TIMOTHY E
Address: 1780 S.E. 4TH STREET, UNIT #5
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD ( ) Delete
Name: NEILAND, ANDREW D
Address: 1780 S.E. 4TH STREET #12
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete
Name: LUCE, DAVID
Address: 1780 S.E. 4TH STREET UNIT#12
City-St-Zip: POMPANO BEACH, FL 33060

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: TIMOTHY NENGEL SD 01/16/2009
Electronic Signature of Signing Officer or Director — Date