2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004396

FILED May 05, 2008 Secretary of State

Entity Name: THE GRAND RUBICON CONDOMINIUM ASSOCIATION, INC.

Current P	Principal Place of Business:	New Principal Place of Business:
1610 SE 5 CAPE CO	STH PLACE PRAL, FL	
Current N	Mailing Address:	New Mailing Address:
610 SE 5 CAPE CO	STH PLACE PRAL, FL	P.O. BOX 1549 CLIFTON PARK, NY 12065
n accordar	r: 26-0163291 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation di	•
anie and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
22 SW 4	6: MICHAEL 6TH TERRACE PRAL, FL 33914 US	
	e named entity submits this statement for the e of Florida.	ne purpose of changing its registered office or registered agent, or both,
n the Stat	e of Florida.	ne purpose of changing its registered office or registered agent, or both,
the Stat	e of Florida.	
n the Stat SIGNATU	e of Florida. Î RE:	
the Stat	RE: Electronic Signature of Registered	Agent Date
n the Stat SIGNATU DFFICER itle: aame: ddress: ity-St-Zip: itle: aame: ddress:	RE: Electronic Signature of Registered S AND DIRECTORS: TD () Delete SIMON, G. MICHAEL 122 SW 46TH TERRACE	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
n the Stat SIGNATU DFFICER itle: ame: ddress:	Electronic Signature of Registered S AND DIRECTORS: TD () Delete SIMON, G. MICHAEL 122 SW 46TH TERRACE CAPE CORAL, FL 33914 VD () Delete BECKER, LARRY H POST OFFICE BOX 1549	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: LARRY H. BECKER VD 05/05/2008