

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-03-2006 90010 003 ****61.25

DOCUMENT # N05000004416 1. Entity Name GRAND ISLE OF NORTH HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1555 PALM BEACH LAKES BOULEVARD SUITE 310 WEST PALM BEACH, FL 33401		Mailing Address 1555 PALM BEACH LAKES BOULEVARD SUITE 310 WEST PALM BEACH, FL 33401	
2. Principal Place of Business 835 20th Place Suite, Apt. #, etc.		3. Mailing Address 835 20th Place Suite, Apt. #, etc.	
City & State Vero Beach, FL Zip 32960		City & State Vero Beach, FL Zip 32960	
Country USA		Country USA	
4. FEI Number 30-0312190		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS CRAMER LLP 1555 PALM BEACH LAKES BOULEVARD SUITE 310 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Elliot + Merrill Management - Karen Merrill 835 20th Place City Vero Beach FL Zip Code 32960	
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 <u><i>Karen Merrill</i></u> DATE <u>1/30/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	PTD LUCCHESI, FABRIZIO		
CITY-ST-ZIP	105 WEST BEAVER CREEK UNIT 9 & 10 RICHMOND HILL ONTARIO L4B1C6.		
TITLE	VD MYERS, WILLIAM P	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	105 WEST BEAVER CREEK UNIT 9 & 10		
CITY-ST-ZIP	RICHMOND HILL ONTARIO L4B1C6.		
TITLE	SVD REED, DAVID	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	217 N. WEST MONTE DRIVE, SUITE 2013		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327143338		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	President David Pivko		
CITY-ST-ZIP	3702 North A1A - 1103 Ft. Pierce FL 34949		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Corliss Tyler		
STREET ADDRESS	3702 North A1A - 504		
CITY-ST-ZIP	Ft. Pierce, FL 34949		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Gracie Ferrer		
STREET ADDRESS	3702 North A1A - 901		
CITY-ST-ZIP	Ft. Pierce, FL 34949		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Lynn Thomas		
STREET ADDRESS	PO BOX 208		
CITY-ST-ZIP	Spotsford, NH 03402		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Arthur Mellon		
STREET ADDRESS	3702 North A1A - 803		
CITY-ST-ZIP	Ft. Pierce, FL 34949		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 118, 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: <u><i>[Signature]</i></u> DATE: _____ DAYTIME PHONE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

66002795



01062006 Chg-NP CR2E037 (11/05)



ATTACHMENT
66002795

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2006

GRAND ISLE OF NORTH HUTCHINSON ISLAND CONDOMINIUM ASSOC
835 20TH PL
VERO BEACH, FL 32960

Subject: **GRAND ISLE OF NORTH HUTCHINSON ISLAND CONDOMINIUM**

Reference Number: **N05000004416**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM
ANNUAL REPORTS SECTION