

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90066 017 ****61.25

DOCUMENT # N05000004416					
1. Entity Name GRAND ISLE OF NORTH HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 835 20TH PLACE VERO BEACH, FL 32960			Mailing Address 835 20TH PLACE VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 30-0312196	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRIS CRAMER LLP 835 20TH PL VERO BEACH, FL 32960			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME PIWKO, DAND STREET ADDRESS 3702 NORTH A1A 1103 CITY-ST-ZIP FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE President NAME Bill Cronin STREET ADDRESS 3702 N A1A #304 CITY-ST-ZIP Ft. Pierce, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME TYLER, CORLISS STREET ADDRESS 3702 NORTH A1A 504 CITY-ST-ZIP FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Bruce Allen STREET ADDRESS 5702 N A1A #202 CITY-ST-ZIP Ft. Pierce, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME FERRER, GABE STREET ADDRESS 3702 N A1A 901 CITY-ST-ZIP FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE Secretary NAME Linda Kasher STREET ADDRESS 3702 N A1A #1001 CITY-ST-ZIP Ft. Pierce, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME THOMAS, LYNN STREET ADDRESS P.O. BOX 208 CITY-ST-ZIP SPOFFORD, NH 03462	<input checked="" type="checkbox"/> Delete		TITLE Treasurer NAME Jerry Peterson STREET ADDRESS 3702 N A1A #1004 CITY-ST-ZIP Ft. Pierce, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MELLON, ARTHUR STREET ADDRESS 3702 N A1A 803 CITY-ST-ZIP FORT PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Ralph Greco STREET ADDRESS 3702 N A1A #902 CITY-ST-ZIP Ft. Pierce, FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			2/15/07 466 9872		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day Month Year		

Treasurer.