

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004416

FILED
Jan 28, 2009
Secretary of State

Entity Name: GRAND ISLE OF NORTH HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1111 SE FEDERAL HIGHWAY, STE 100
STUART, FL 34994

New Principal Place of Business:

1111 SE FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994

Current Mailing Address:

1111 SE FEDERAL HIGHWAY, STE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 30-0312196 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS CRAMER LLP
835 20TH PL
VERO BEACH, FL 32960 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: CRONIN, BILL
Address: 3702 N. A1A, 304
City-St-Zip: FORT PIERCE, FL 34949

Title: VPD () Delete
Name: ALLEN, BRUCE
Address: 3702 N. A1A, 202
City-St-Zip: FORT PIERCE, FL 34949

Title: SD () Delete
Name: KASHER, LINDA
Address: 3702 N. A1A, 1001
City-St-Zip: FORT PIERCE, FL 34949

Title: TD () Delete
Name: PADOLL, GEORGE
Address: 3702 N A1A #502
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: GRECO, RALPH
Address: 3702 N. A1A, 902
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: FERRER, GABE
Address: 3702 N. A1A, #901
City-St-Zip: FORT PIERCE, FL 34949

Title: PD (X) Change () Addition
Name: ALLEN, BRUCE
Address: 3702 N. A1A, #202
City-St-Zip: FORT PIERCE, FL 34949

Title: SD (X) Change () Addition
Name: TYLER, CORLISS
Address: 3702 N. A1A, #504
City-St-Zip: FORT PIERCE, FL 34949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRECO, RALPH
Address: 3702 N. A1A #902
City-St-Zip: FORT PIERCE, FL 34949

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: BRUCE ALLEN

PRES

01/28/2009

Electronic Signature of Signing Officer or Director

Date