

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005968

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: GRANTWOOD CONDOMINIUM ASSN. INC.

## Current Principal Place of Business:

C/O UNION PROPERTIES ASSOC. MGMT. SERVICES  
4421 NW 39 AVE., BLDG 2, SUITE 1  
GAINESVILLE, FL 32606

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 357070  
GAINESVILLE, FL 32635

## New Mailing Address:

FEI Number: 22-6973686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNION PROPERTIES ASSOC. MGMT SERVICES, INC  
4421 NW 39TH AVENUE  
BUILDING 2, SUITE 1  
GAINESVILLE, FL 32606 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: DP ( ) Delete  
Name: PRICE, MATTHEW  
Address: 2508 SW 35TH PLACE #60  
City-St-Zip: GAINESVILLE, FL 32608

Title: DVP ( ) Delete  
Name: PLA, ALEXANDRA  
Address: 4907 NW 43RD STREET SUITE F  
City-St-Zip: GAINESVILLE, FL 32606

Title: DST ( ) Delete  
Name: PLA, JOHN  
Address: 4907 NW 43RD STREET SUITE F  
City-St-Zip: GAINESVILLE, FL 32606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: RAHMAN, SHIREEN  
Address: 2508 SW 35TH PLACE #113  
City-St-Zip: GAINESVILLE, FL 32608

Title: DV (X) Change ( ) Addition  
Name: ASTARLIOGLU, MINE  
Address: 2508 SW 35 PLACE, #103  
City-St-Zip: GAINESVILLE, FL 32608

Title: DST (X) Change ( ) Addition  
Name: KUMAR, ARVIND  
Address: 2508 SW 35 PLACE, #126  
City-St-Zip: GAINESVILLE, FL 32608

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: SHIREEN RAHMAN

DP

04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date