


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90025 037 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N05000007022</b>                                   |  |
| 1. Entity Name<br><b>GRANDVIEW PALACE HOMEOWNERS GROUP, INC.</b> |   |

40093417

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| Principal Place of Business<br>7601 E TREASURE DR<br>N BAY VILLAGE, FL 33141 | Mailing Address<br>7601 E TREASURE DR<br>N BAY VILLAGE, FL 33141 |
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|--|--|
| 2. Principal Place of Business<br><b>9699 NE 2nd Ave</b> | 3. Mailing Address<br><b>9699 NE 2nd Ave</b> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                          |

05122006 Chg-NP CR2E037 (4/06)

|   |   |
|---|---|
| City & State<br><b>Miami Shores, FL</b> | City & State<br><b>Miami Shores, FL</b> |
| Zip<br><b>33138</b>                     | Zip<br><b>33138</b>                     |
| Country<br><b>USA</b>                   | Country<br><b>USA</b>                   |

4. FEI Number  
**26-0121006**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><b>GIBBS, W TUCKER<br/>215 GRAND AVE<br/>COCONUT GROVE, FL 33133</b> |
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| 7. Name and Address of New Registered Agent<br>Name <b>Mary Lou Trujillo</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>9699 NE 2nd Avenue</b><br>City <b>Miami Shores</b> <b>FL</b> Zip Code <b>33138</b> |
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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 acknowledge the obligations of registered agent.

SIGNATURE *Mary Lou Trujillo* DATE 5/12/2006  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |  |
|---|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be<br/>Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>TRUJILLO, REINALDO</b><br><b>7601 E TREASURE DR</b><br><b>N BAY VILLAGE, FL 33141</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Ad            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>PRINE, PATRICK</b><br><b>7601 E TREASURE DR</b><br><b>N BAY VILLAGE, FL 33141</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>NASIO, LEDA</b><br><b>7601 E TREASURE DR</b><br><b>N BAY VILLAGE, FL 33141</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Ad            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Ad            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Ad            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Ad            |

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 changed, or on an attachment with an address, with all other like empowered.

*Mary Lou Trujillo - Secretary - 5/12/2006*