

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000007022**

1. Entity Name  
**GRANDVIEW PALACE HOMEOWNERS GROUP, INC.**



Principal Place of Business  
**9699 NE 2ND AVE  
MIAMI SHORES, FL 33138**

Mailing Address  
**9699 NE 2ND AVE  
MIAMI SHORES, FL 33138**



03272008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**26-0121006**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MARY LOU TRUJILLO  
9699 NE 2ND AVE  
MIAMI SHORES, FL 33138**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

04/18/08-80042-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
TRUJILLO, REINALDO  
7601 E TREASURE DR #1511  
N BAY VILLAGE, FL 33141**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
LEVINE, RON  
7601 E TREASURE DR #2223  
N BAY VILLAGE, FL 33141**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
LIMA, SOPHIA  
7601 E TREASURE DR #CU9  
N BAY VILLAGE, FL 33141**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TRUJILLO, MARY LOU  
7601 E TREASURE DR #1511  
N BAY VILLAGE, FL 33141**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Signature *Mary Lou Trujillo*

3/27/2008