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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N05706

(9)

ROYAL GRENADIER II CONDOMINIUM, INC.

HOTAL	GILLADILII II OONDONIII	1101111					
Principal Place	of Business	Ma	iling Address				1 (6 2)((6) 2)) 40(6) 2(()) 182() 22((2 2)) 2(()
	MPLE ROAD SUITE 205B	1	ROYAL GRENADIER II C 10191 W. SAMPLE ROA	D. STE. 2		, INC.	
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065-3957 US					3. Date Incorporated or Qualified 10/12/1984 3a. Date of Last Report 02/20/1995
2. Principal Pla	ce of Business	2a.	Mailing Address				4. FEI Number Applied For Not Applicable
Suite, Apt. #	, etc.		Suite, Apt. #, etc.	-			5. Certificate of Status Desired
City & State		City & State			••		6. Election Campaign Financing \$5.00 May Be
23		28	,				Trust Fund Contribution Added to Fees
Zıp	Country		Ζιρ		intry		8. This corporation has liability for intangible tax under s. 199.032,
24	25	29		30	·		Florida Statutes Yes No 10. Name and Address of New Registered Agent
	9. Name and Address of Currer	it Regist	tered Agent		81	Nama	10. Name and Address of New Registered Agent
					"	Name	
CALDERAZZO, JAMES 10191 WEST SAMPLE RD., SUITE 205B					82	Street A	Address (P.O. Box Number is Not Acceptable)
CORAL SPRINGS FL. 33065		'			83		
					84	City	FL 85 Zip Code
l or register	o the provisions of Sections 617.0503 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	ida Such	i change was authorize	ed by the	ove-r corp	named cor oration's b	rporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
SIGNATORE	Signature, typied or printed name of registered agen					it signature re	equired when reinstating! DATE
12.	OFFICERS AN	ID DIREC		13.			ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DEFELE	. 1.1 1			☐ Sharge ☐ Addition
NAME	ANNUZZI, TONY						
STREET ADDRESS	9665 RIVERSIDE DRIVE				NAME	*000000	
CITY-ST-ZIP TITLE				138	STREET	ADDRESS	
HILE	CORAL SPRINGS FL		□ DELETE	135	STREET CITY - S	į.	☐ Change ☐ Addition
11414F	D		DELETE	135 140 211	STREET CITY - S MTLE	į.	☐ Change ☐ Addition
NAME PERCET ADDRESS	D Cortollil, Joe		DELETE	13.5 1.40 2.11 2.21	STREET CITY - S TITLE NAME	ST - ZIP	☐ Change ☐ Addition
STREET ADDRESS	D Cortollil, Joe 9673 Riverside Drive		DELETE	13 S 1.4 C 2.1 T 2.2 M 2.3 S	STREET DITY - S DITLE NAME STREET	ST-ZIP ADDRESS	
	D CORTOLLIL, JOE 9673 RIVERSIDE DRIVE CORAL SPRINGS FL		DELETE	135 1.40 2.11 2.21 2.35 2.4	STREET DITY - S DITLE NAME STREET	ST - ZIP	Change Addition Change Addition
STREET ADDRESS CITY-ST-ZIP	D CORTOLLIL, JOE 9673 RIVERSIDE DRIVE CORAL SPRINGS FL D			138 1.40 2.11 2.21 2.35 2.4 3.11	STREET CITY - S ITLE NAME STREET CITY -	ST-ZIP ADDRESS ST-ZiP	D Change ☐ Addition
STREET ADDRESS CITY-SY-ZIP TITLE	D CORTOLLIL, JOE 9673 RIVERSIDE DRIVE CORAL SPRINGS FL D TAYLOR PAM			135 1.46 2.11 2.21 2.35 2.4 3.11 3.21	STREET CITY - S NTLE NAME STREET CITY - TITLE NAME	ST-ZIP ADDRESS ST-ZIP	D Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	D CORTOLLIL, JOE 9673 RIVERSIDE DRIVE CORAL SPRINGS FL D			135 1.4(2.11 2.21 2.35 2.4 3.11 3.21 3.35	STREET CITY - S NAME STREET CITY TITLE NAME STREET	ST-ZIP ADDRESS ST-ZIP	D Change Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D CORTOLLIL, JOE 9673 RIVERSIDE DRIVE CORAL SPRINGS FL D TAYLOR, PAM 9673 RIVERSIDE DRIVE		PELETE	138 1.46 2.11 2.21 2.33 2.4 3.11 3.21 3.33 3.4 4.1	STREET NAME	ST-ZIP ADDRESS ST-ZIP ADDRESS S1-ZIP	D Change Addition
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STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS	D CORTOLLIL, JOE 9673 RIVERSIDE DRIVE CORAL SPRINGS FL D TAYLOR, PAM 9673 RIVERSIDE DRIVE		PELETE	138 1.46 2.11 2.21 2.33 2.4 3.11 3.32 3.4 4.1 4.2 4.33 4.41	STREET CITY-S HILE NAME STREET HILE NAME STREET STREET NAME STREET NAME STREET NAME STREET NAME STREET TITLE	ST-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP T ADDRESS ST-ZIP	D Change Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 12 or Block 13 if changed or on an arachment with an address.

6.4 CITY - ST- ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR