## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N05706

Corporation Name

ROYAL GRENADIER II CONDOMINIUM, INC.

Principal Place of Business 10191 W. SAMPLE ROAD, SUITE 203

CORAL SPRINGS FL 33065

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

10191 W. SAMPLE ROAD. SUITE 203 CORAL SPRINGS FL 33065

## FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90005 049 \*\*\*\*61.25



3. Date Incorporated or Qualifed

10/12/1984

Specific	Suite, Apt.	# etc	S	uite, Apt. #, etc.				4. 9	FEI Number		-   A	pplied For
City & State    City & State   City & State   City & State   28   Country		#, 8to.	$\vdash$	, , , , , , , , , , , , , , , , , , ,				[	59-2804084		<del></del>	
Second   S	City & State	9		City & State				<del>  -</del>			\$8.75	Additional
Zip Country   Zip Country   St. Decision Campaign Financing   \$5,00 May Re   Addition   St. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Name of New Registered Agent   10. Name and Name of New Registered Agent   10. Name and Name of Nam	—, ·		$\vdash$	,,, u 0.0.0				5. (	Certifcate of Status Desired	⊔.,·		
9. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  91 Name  BAKALAR, SUSAN P. P.A.  2240 SW 70TH AVENUE, UNIT D  DAVIE FL. 33317  93   Street Address (P.O. Box Number is Not Acceptable)  94 City  FL   85 Zip Code  95 In Agent   Fl.   85 Zip Code  96 In Agent   Fl.   85 Zip Code  97 In Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 817,0502 and 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 817,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Section 817,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Section 817,0502 and 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent.  FL   0FFICERS AND DIRECTORS   13 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent.  In Elementary of the purpose of changing its registered agent agent.  (International Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent.  In Elementary of the purpose of changing its registered agent agent.  In Elementary of the purpose of changing its registered agent agent.  In Elementary of the purpose of changing its registered agent agent.  In Elementary of the purpose of changing its registered agent agent.  In Elementary of the purpose of changing its registered agent.  In Ele					Country			6. 1	Election Campaign Financing		\$5.00	May Be
9. Name and Address of Current Registered Agent  BAKALAR, SUSAN P. P.A. 2240 SW 70TH AVENUE, UNIT D  DAVIE FL 33317  4 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the displaints of, Section 17.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 17.0503, Florida Statutes, S	24	r '			30					Ц		
BAKALAR, SUSAN P. P.A.  2240 SW 70TH AVENUE, UNIT D DAWE FL 33317  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,5003, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,5003, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,5003, Florids Statutes.  SIGNATURE  Squature, typed or printed name of registered agent with of repressation.  FOTE Requiremet Agent separative required alignment requir								10.	Name and Address of New	Registered .	Agent	
2240 SW 70TH AVENUE, UNIT D DAVIE FL 33317    83						81	Name				•	1
2240 SW 70TH AVENUE, UNIT D DAVIE FL 33317    83	2240 SW 70TH AVENUE, UNIT D					82	22 Street Address (P.O. Box Number is Not Accentable)					
DAVIE FL 33317    83												
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In affinition with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligation of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligation of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligation of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and interest a purpose of directors. I hereby accept the appointment as registered agent. Lam familiar with an accept the objective of directors. I hereby accept the appointment as registered agent and registered agent. Lam familiar with a purpose of changing its registered agent. Lam familiar with a purpose of changing its registered agent. Lam familiar with a purpose of changing its registered agent. Lam familiar with a purpose of changing its registered agent. Lam familiar with a purpose of changing its registered agent. Lam familiar with a purpose of changing its registered agent. La												
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. OFFICERS AND DIRECTORS  13. STREET ADDRESS  CORAL SPRINGS FL  12. TIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  13. TIME  14. CITY ST. 2P.  ITIME  14. CITY ST. 2P.  ITIME  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIME  17. ADDITIONS/CHANGES						_		DE 7in Code				
office or registered agent, or both, in the State of Florida, Such change was authorized by the Corporation's Journal of Interests in the State of Florida, Such change was authorized by the Corporation's Journal of Interests in the State of Florida, Such change was authorized by the Corporation's Journal of Interests in the State of Florida, Such change was authorized by the Corporation's Journal of Interests in the State of Florida, Such change was authorized by the Corporation's Journal of Interests in the State of Florida, Such change was a state of Interests in the State of Florida, Such change was a state of Interests in the State of Florida, Such change was a state of Interests in the State of Florida, Such change was a state of Interests in the State of Florida, Such change was a state of Interests in the State of Florida, Such change was a state of Interests in the State of Florida, Such change was a state of Interests in the State						84	City			FL	103 215	10000
office or registered agent, or both, in the State of Florida, Such change was authorized by the Corporation's Journal of Interests in the State of Florida, Such change was authorized by the Corporation's Journal of Interests in the State of Florida, Such change was authorized by the Corporation's Journal of Interests in the State of Florida, Such change was authorized by the Corporation's Journal of Interests in the State of Florida, Such change was authorized by the Corporation's Journal of Interests in the State of Florida, Such change was a state of Interests in the State of Florida, Such change was a state of Interests in the State of Florida, Such change was a state of Interests in the State of Florida, Such change was a state of Interests in the State of Florida, Such change was a state of Interests in the State of Florida, Such change was a state of Interests in the State of Florida, Such change was a state of Interests in the State	11. Pursuant	to the provisions of Sections 617.0502	and 617	.1508, Florida Statutes	s, the at	ove	-named corpo	poration	submits this statement for the	purpose of	changing it	s registered
SIGNATURE Signature, hyped or provised name of registrated agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  MANE HANSON, PAT  12 NAME STREET ADDRESS  CORAL SPRINGS FL  D  OELETE  1.1 TITLE  1.2 NAME 1.2 NAME STREET ADDRESS  CORAL SPRINGS FL  1.4 CITY-ST-ZP  D  OELETE  2.2 STREET ADDRESS  COTY-ST-ZP  D  OELETE  3.3 STREET ADDRESS  CORAL SPRINGS FL  3.4 CITY-ST-ZP  D  OELETE  3.5 STREET ADDRESS  CITY-ST-ZP  D  OELETE  3.5 STREET ADDRESS  CITY-ST-ZP  OPLIACK, JAMIE  9635 RIVERSIDE DR, H2  COTY-ST-ZP  OPLIACK, JAMIE  965 RIVERSIDE DR, H2  COTY-ST-ZP  OPLIACK, JAMIE  966 RIVERSIDE DR, H2  COTY-ST-ZP  OPLIACK, JAMIE  967 STREET ADDRESS  COTY-ST-ZP  OPLIACK, JAMIE  968 RIVERSIDE DR, H2  COTY-ST-ZP  OPLIACK  ADDITIONS/CHANGES NOTES  OPLIACK  ADDITIONS/CHANGES NOTES  ADDITIONS/CHANGES NOTES  OPLIACK  ADDITIONS/CHANGES NOTES  OPLIACK  ADDITIONS/CHANGES NOTES  ADDITIONS/CHANGES NOTES  ADDITIONS/CHANGES NOTES  OPLIACK  ADDITIONS/CHANGES NOTES  OPLIACK  ADDITIONS/CHANGES NOTES  ADDITIONS/CHANGES NOTES  OPLIACK  ADDITIONS/CHANGES NOTES  OPLIACK  ADDITIONS/CHANGES NOTES  OPLIACK  ADDITIONS/CHANGES  ADDITIONS/CHANGES  OPLIACK  ADDITIONS/CHANGES  OPLIACK  ADDITIONS/CHANGES  OPLIACK  ADDITIONS/CHANGES  OPLIACK  ADDITIONS/CHANGES  OP	office or re	edistered adent or both in the State C	or ⊢ionida	Such change was au	nonzeu	DV I	ine corporatio	ion's boa	ard of directors. I hereby acce	pt the appoi	ntment as r	egistered
Signature, typed or printed manual of registered agent and this of application.  The property of the printed manual of registered agent and this of application.  THE PD	agent. i ai	m ramiliar with, and accept the obligati	ions oi, o	ection of 7.0303, 1 lon	Ja Olaic	itos.						j
TITLE PD	SIGNATURE	Signature, typed or printed name of registered agent	and title if ap	pplicable. (NOTE: F	Registered	Agent	signature required	ed when rei	nstating)			
INTE NAME NAME NAME NAME NAME NAME NAME NAM	12.				13.			Α	DDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
STREET ADDRESS COTY-ST-ZIP TITLE D DCHATEL, NANCY STREET ADDRESS STREET ADDRESS COTY-ST-ZIP TITLE D DCHATEL, NANCY STREET ADDRESS STREET ADDRESS COTY-ST-ZIP TITLE D DCHATEL, NANCY STREET ADDRESS COTY-ST-ZIP TITLE D DCHATEL D DCHATEL D DCHATE D D DCHATE D D D D D D D D D D D D D D D D D D D	TITLE	PD		☐ DELETE	1.1 TIT	LE					Change	Addition
STREET ADDRESS COTY-ST-ZIP TITLE D DCHATEL, NANCY STREET ADDRESS STREET ADDRESS COTY-ST-ZIP TITLE D DCHATEL, NANCY STREET ADDRESS STREET ADDRESS COTY-ST-ZIP TITLE D DCHATEL, NANCY STREET ADDRESS COTY-ST-ZIP TITLE D DCHATEL D DCHATEL D DCHATE D D DCHATE D D D D D D D D D D D D D D D D D D D	NAME	HÁNSON, PAT			1.2 NA	ME						
CORAL SPRINGS FL  ITILE  D  CORAL SPRINGS FL  ITILE  D  CORAL SPRINGS FL  ITILE  D  GELETE  21 ITILE  22 NAME  22 NAME  23 STREET ADDRESS  CORAL SPRINGS FL  33071  DELETE  31 ITILE  D  CORAL SPRINGS FL  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  GES RIVERSIDE DR, H-2  GES RIVERSIDE DR,	STREET ADDRESS				1.3 STI	REET	ADORESS					ļ
MARTEL, NANCY MARTEL, NANCY STREET ADDRESS STREET ADDRESS OCTY. ST. ZIP CORAL SPRINGS FL 33071  DELETE  DULACK, JAMIE STREET ADDRESS OCTY. ST. ZIP OCRAL SPRINGS FL 33071  DELETE  31 TITLE  DULACK, JAMIE 32 MAME 33 STREET ADDRESS OCTY. ST. ZIP OCRAL SPRINGS FL 33071  DELETE  41 TITLE  AMME STREET ADDRESS OCTY. ST. ZIP  DELETE  AL CITY. ST. ZIP  Change  Addition  ADDITI					1.4 CIT	Y-ST	- ZIP		•••			
MARTEL, NANCY 9649 RIVERSIDE DR, G-1 CORAL SPRINGS FL 33071  DELETE  D D DELETE  3.1 TITLE  POLLACK, JAMIE 9655 RIVERSIDE DR, I-2 CORAL SPRINGS FL 33071  3.4 CITY-ST-ZIP  TITLE  ANAME STREET ADDRESS COPY-ST-ZIP  DELETE  4.1 TITLE  ANAME STREET ADDRESS COPY-ST-ZIP  DELETE  4.1 TITLE  ANAME A3 STREET ADDRESS COPY-ST-ZIP  DELETE  5.1 TITLE  ANAME STREET ADDRESS COPY-ST-ZIP  TITLE  DELETE  5.3 STREET ADDRESS COPY-ST-ZIP  TITLE  DELETE  5.3 STREET ADDRESS COPY-ST-ZIP  TITLE  ANAME STREET ADDRESS COPY-ST-ZIP  TITLE  DELETE  6.1 TITLE  DELETE  Change Addition Addition  Addition  Change Addition  Addition  STREET ADDRESS	TITLE			☐ DELETE							Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071  2.4 CITY-ST-ZIP TITLE D D DELETE 3.1 TITLE D DOLLACK, JAMIE POLLACK, JAMIE 9665 RIVERSIDE DR, I-2 CORAL SPRINGS FL 33071  DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE SCHAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS		MARTEL NANCY			2.2 NA	ME						1
CORAL SPRINGS FL 33071  2.4 CITY-ST-ZIP    CORAL SPRINGS FL 33071   COR		·			2.3 ST	REET	ADDRESS	•				-
TITLE D D DELETE 3.1 TITLE 3.2 NAME NAME POLLACK, JAMIE 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP DELETE 6.3 STREET ADDRE					2. 4 CF	TY-ST	r-zip					
9665 RIVERSIDE DR, I-2 CORAL SPRINGS FL 33071  34. CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE  4.1 ITILE NAME  4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP  DELETE  DELETE  STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  DELETE  STREET ADDRESS	TITLÉ			☐ DELETE	3.1 TIT	LE	,				Change	Addition
STREET ADDRESS   SACITY-ST-ZIP   STREET ADDRESS   SACITY-ST-ZIP   STREET ADDRESS   SACITY-ST-ZIP   STREET ADDRESS   SACITY-ST-ZIP   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   SACITY-ST-ZIP   STREET ADDRESS   STREET ADDRESS   SACITY-ST-ZIP   STREET ADDRESS   SACITY-ST-ZIP   SA	NAME	POLLACK, JAMIE			3.2 NA	ME						i
CORAL SPRINGS FL 33071   3.4. CITY-ST-ZIP	STREET ADDRESS				3.3 ST	REET.	ADDRESS				•	Į
DELETE					3.4. CI	TY-ST	r-zip					
## ## ## ## ## ## ## ## ## ## ## ## ##	TITLE			☐ DELETE	4.1 TIT	LE					Change	Addition
A3 STREET ADDRESS   A4 CITY- ST-ZIP   A4 CITY- ST-ZIP   Change   Addition	NAME.				4. 2 N	ME						ļ
A4 CITY-ST-ZIP	STREET ADDRESS				4.3 ST	REET	ADDRESS					ļ
DELETE	CITY-ST-ZIP				4.4 CI	Y-ST	-ZIP			`		
STREET ADDRESS	TITLE			☐ DELETE	5.1 TIT	LE					Change	Addition
STREET ADDRESS	NAME				5.2 NA	ME.						
STREET ADDRESS   S4 CITY- ST-ZIP     S4 CITY- ST-ZIP     S4 CITY- ST-ZIP     S1 CITY- ST-ZIP     S1 CITY- ST-ZIP     S1 CITY- ST-ZIP     S1 CITY- ST-ZIP   S1 CITY- S1 CITY- ST-ZIP   S1 CITY-	STREET ADDRESS				5.3 ST	REET	ADDRESS					
6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CUTV ST 7/8	CITY-ST-ZIP			. <u>.</u>			- ZIP	***				
STREET ADDRESS  6.3 STREET ADDRESS  6.4 CTT, ST. 78	TITLE			☐ DELETE	6.1 TIT	LE					Change	Addition
SIREEI AUMESS	NAME				6.2 NA	WE	1					]
CTVSTZIP 6.4 CTTY-STZIP	STREET ADDRESS				6.3 ST	REET	ADDRESS					
CIT-51-CIF	CITY-ST-ZIP				6.4 CI	TY-ST	-ZIP					

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

113.99

957-755-7491 Davime Phone # (06/11) /CDITZU