

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05706

FILED
Apr 24, 2009
Secretary of State

Entity Name: ROYAL GRENADIER II CONDOMINIUM, INC.

Current Principal Place of Business:

C/O BENCHMARK PROPERTY MGMT.
7932 WILES RD.
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

C/O BENCHMARK PROPERTY MGMT.
7932 WILES RD.
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 59-2804084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 NW 6 WAY, STE. 103
FT LAUDERDALE, FL 33309 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: P () Delete
Name: SMOOT, BETHINA
Address: 10715 N.W. 19 PLACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: S (X) Delete
Name: JOYCE, CYNTHIA
Address: 9617 RIVERSIDE DR C3
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: HYMAN, MARVIN
Address: 9633 RIVERSIDE DR E3
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T () Delete
Name: CIMINO, ANN
Address: 9649 RIVERSIDE DR G10
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BETTINA SMOOT

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date