

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-27-2007 90209 007 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 07

01122007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000000196			
1. Entity Name GRAND VIEW PLAZA CONDOMINIUM, INC.			
Principal Place of Business 5401 S. Kirkman Rd., Ste. 450 Orlando, FL 32819		Mailing Address 5401 S. Kirkman Rd., Ste. 450 Orlando, FL 32819	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4094188		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTIAGO, ELIEZER 165 SOUTH HAMPTON DRIVE KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name _____ Street Address Community Management Professionals, Inc. 5401 S. Kirkman Rd., Ste. 450 Orlando, FL, 32819 City _____	
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 <i>Eliezer Santiago, Pres.</i>		DATE 4-23-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTIAGO, ELIEZER 165 SOUTH HAMPTON DRIVE KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Mohammed Mohamed 1016 Plaza Drive Kissimmee, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTIAGO, JANET 165 SOUTH HAMPTON DRIVE KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Tres Yulian Bolvar 1018 Plaza Drive Kissimmee, FL 24744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SANTIAGO, LUIS R 1760 OLD CHEESEQUAKE RD SOUTH AMBOY, NJ 08279 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Surendra Budhan 1004 Plaza Drive Kissimmee, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Subhadramali Budhan 1006 Plaza Drive Kissimmee, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mahendra Buhan 1014 Plaza Drive Kissimmee, FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Yulian Bolvar</i>		DATE: 4/24/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	