


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90014 033 ****61.25

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

40046790



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01172008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4094188

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
COMMUNITY MANAGEMENT PROFESSIONALS, INC.
 5401 S. KIRKMAN RD., STE. 450
 ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MOHAMED, MOHAMMED	
STREET ADDRESS	1016 PLAZA DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOLVAR, YULIAN	
STREET ADDRESS	1018 PLAZA DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUDHAN, SURENDRA	
STREET ADDRESS	1004 PLAZA DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUDHAN, SUBHADRAMATI	
STREET ADDRESS	1006 PLAZA DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	Budhan BUDHAN, MAHENDRA	
STREET ADDRESS	1014 PLAZA DRIVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 a empowered.

SIGNATURE: *[Signature]* **President** **1-21-08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #