

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000196

FILED
Jan 28, 2009
Secretary of State

Entity Name: GRAND VIEW PLAZA CONDOMINIUM, INC.

Current Principal Place of Business:

5401 S. KIRKMAN RD., STE. 450
ORLANDO, FL 32819

New Principal Place of Business:

5401 S. KIRKMAN RD.,
450
ORLANDO, FL 32819

Current Mailing Address:

5401 S. KIRKMAN RD., STE. 450
ORLANDO, FL 32819

New Mailing Address:

5401 S. KIRKMAN RD.,
450
ORLANDO, FL 32819

FEI Number: 20-4094188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 S. KIRKMAN RD., STE. 450
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 S. KIRKMAN RD.,
450
ORLANDO, FL 32819 US

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: KAREN SFARA

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOHAMED, MOHAMMED
Address: 1016 PLAZA DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: ST () Delete
Name: BOLVAR, YULIAN
Address: 1018 PLAZA DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Delete
Name: BUDHAN, SURENDRA
Address: 1004 PLAZA DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Delete
Name: BUDHAN, SUBHADRAMATI
Address: 1006 PLAZA DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D (X) Delete
Name: BUHAN, MAHENDRA
Address: 1014 PLAZA DRIVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BUDHAN, MAHENDRA
Address: 312 PLUMWOOD CIRCLE
City-St-Zip: KISSIMMEE, FL 34743

Title: ST (X) Change () Addition
Name: FREEMAN, BRIAN
Address: 1970 E. OSCEOLA PKWY #344
City-St-Zip: KISSIMMEE, FL 34743

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: MAHENDRA BUDHAN

P

01/28/2009

Electronic Signature of Signing Officer or Director

Date