

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/30/2007-90439-014-\$61.25-\$61.25

DOCUMENT # N06000000280
 1. Entity Name
 GRANDVIEW HEIGHTS VILLAS HOMEOWNERS ASSOCIATION, INC.



07 MAY 31 PM 1:22

Principal Place of Business
 C/O LI REALTY, INC.
 4524 GUN CLUB ROAD
 WEST PALM BEACH, FL 33415

Mailing Address
 C/O LI REALTY, INC.
 4524 GUN CLUB ROAD
 WEST PALM BEACH, FL 33415

STATE OF FLORIDA
 40090565



2. Principal Place of Business - No P.O. Box #
 1217D S. MILITARY TRAIL
 Suite, Apt. #, etc.

3. Mailing Address
 400 LI REALTY
 4524 GUN CLUB ROAD
 Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State
 WEST PALM BEACH, FL
 Zip 33415
 Country

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 WEST PALM BEACH, FL
 Zip 33415
 Country

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BRETON, PETER L ESQ.
 625 NORTH FLAGLER DRIVE
 NINTH FLOOR
 WEST PALM BEACH, FL 33401

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

Filing Fee is \$61.25 Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAKUPI, LARRY C/O 4524 GUN CLUB ROAD WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 1217D So. MILITARY TRAIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LI, DIXON C/O 4524 GUN CLUB ROAD WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 46 1217D So. MILITARY TRAIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO PATALANO, RAY C/O 4524 GUN CLUB ROAD WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 1217D So. MILITARY TRAIL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JOHN WATSON 40 1217D So. MILITARY TRAIL WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ALEX CARRAVALE 40 1217D So. MILITARY TRAIL WEST PALM BEACH, FL 33415
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MM