
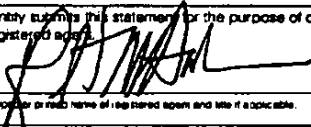
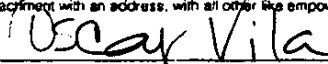


**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

St.

05-03-2007 90055 044 \*\*\*\*61.25

<b>DOCUMENT # N06000000355</b>			
1. Entity Name <b>THE GRAND RESERVE CONDOMINIUMS ASSOCIATION AT TAMPA, INC.</b>			
Principal Place of Business <b>4255 WEST HUMPHREY STREET TAMPA, FL 33614</b>		Mailing Address <b>4255 WEST HUMPHREY STREET TAMPA, FL 33614</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>396 Alhambra Circle</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>230</b>	
City & State		City & State <b>Coral Gables, FL</b>	
Zip	Country	Zip	Country
<b>33134</b>	<b>USA</b>	<b>33134</b>	<b>USA</b>
4. FEI Number <b>20-4225259</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HABER, ROBERT M 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		<b>FL</b>	
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	
Filing Fee is \$81.25 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	PD VILA, OSCAR J 2 ALHAMBRA PLAZA SUITE 860 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Spencer Wulwck 4014-4255 W Humphrey St Tampa, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PADRON, CARLOS E 2 ALHAMBRA PLAZA SUITE 860 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ZAMBELLI, MICHELLE 2801 S BAYSHORE DRIVE SUITE 865 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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
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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: 		Date: <b>6-5-2007</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR		Date	

66020542



04252007 Chg-NP CR2E037 (12/05)

4. FEI Number  
**20-4225259**

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

Filing Fee is \$81.25 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 VILA, OSCAR J 2 ALHAMBRA PLAZA SUITE 860 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Spencer Wulwck 4014-4255 W Humphrey St Tampa, FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: 

Date: **6-5-2007**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

Date