

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAR -7 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| DOCUMENT # N06000001655 | |
| 1. Entity Name GRAND CYPRESS COMMUNITY ASSOCIATION, INC. | |



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| Principal Place of Business 8151 PETERS ROAD CROSSROADS BLDG #2 PLANTATION, FL 33324 | Mailing Address 8151 PETERS ROAD CROSSROADS BLDG #2 PLANTATION, FL 33324 |
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| 2. Principal Place of Business - No P.O. Box # <i>Miami Management, Inc.</i> Suite, Apt. #, etc. <i>1145 Sawgrass Corp. Pkwy</i> City & State <i>Sunrise, FL</i> Zip <i>33323</i> | 3. Mailing Address <i>Miami Management, Inc.</i> Suite, Apt. #, etc. <i>1145 Sawgrass Corp. Pkwy</i> City & State <i>Sunrise, FL</i> Zip <i>33323</i> |
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11202007 Chg-NP CR2E037 (12/06)

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| 4. FEI Number 20-4399778 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required <input type="checkbox"/> |
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| 6. Name and Address of Current Registered Agent LUBART, LEONARD 100 W CYPRESS CREEK RD STE 700 FT LAUDERDALE, FL 33309 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 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>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. | DATE <i>2/1/08</i> DATE |

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| Amended AR is \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SCHRAGER, MARLENE 8190 STATE RD 84 DAVIE, FL 33324 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PAPALE, MICHAEL 8151 PETERS ROAD PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD CUMMINGS, KENDALL 8151 PETERS ROAD PLANATATION, FL 33324 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Maria C. Herrera 1145 Sawgrass Corp Pkwy. Sunrise FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/TP Silvia Sierra 1145 Sawgrass Corp. Pkwy Sunrise FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Miguel Avila 1145 Sawgrass Corp. Pkwy Sunrise, FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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 the empowered. | |
| SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date <i>11/21/07</i> Daytime Phone # |

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