

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90073 019 \*\*\*\*61.25

**DOCUMENT # N06000002001**

1. Entity Name  
**PROMENADE AT TRADITION NO. II CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**% GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., SUITE 309  
LAKE WORTH, FL 33463**

Mailing Address  
**% GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., SUITE 309  
LAKE WORTH, FL 33463**

40038008



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

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number **20-4396934** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**GRS MANAGEMENT ASSOCIATES, INC.  
3900 WOODLAKE BLVD., SUITE 309  
LAKE WORTH, FL 33463**

7. Name and Address of New Registered Agent  
N  
S Shendell & Associates, P.A.  
3650 N. Federal Highway #202  
Lighthouse Point, FL 33064  
C 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 Tamar Shendell, President 3/12/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 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 MARGOLIS, STEPHEN 825 CORAL RIDGE DR CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLUCKMAN, NICHOLAS 825 CORAL RIDGE DR CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOMEZ, ALBERT 825 CORAL RIDGE DR CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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
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 an other like empowered.

SIGNATURE: Tamar Shendell 2-23-07 248 980 150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40038008

# 106000002001

ATTACHMENT TO 2007 NOT-FOR-PROFIT ANNUAL REPORT

Document # N23279

Association: Promenade at Tradition No II Condominium Association,  
Inc.

**ADD - PD**

MORTON, GERALD  
179 NW WILLOW GROVE AVE  
PORT ST. LUCIE, FL 34986

**ADD - SD**

FENLASON, JARRED  
1034 NW PINE LAKE DR  
STUART, FL 34994

**ADD - TD**

MEDINA, PEDRO  
970 SW 68<sup>TH</sup> AVE  
PLANTATION, FL 33317