

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004665

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** GRAND VIEW PLAZA # 9 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1090 PLAZA DRIVE  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

1106 PLAZA DRIVE  
KISSIMMEE, FL 34743

**Current Mailing Address:**

P.O. BOX 452144  
KISSIMMEE, FL 347452144 US

**New Mailing Address:**

**FEI Number:** 20-4879466      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LONG, SCOTT P  
1106 PLAZA DRIVE  
KISSIMMEE, FL 34743 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: LONG, SCOTT P  
Address: P O BOX 452144  
City-St-Zip: KISSIMMEE, FL 347452144

Title: T ( ) Delete  
Name: LONG, SCOTT P  
Address: PO BOX 452144  
City-St-Zip: KISSIMMEE, FL 347452144

Title: P ( ) Delete  
Name: CRUZ, HERMINIO  
Address: 1108 PLAZA DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: CRUZ PANTON, JESUSA  
Address: 1094 PLAZA DRIVE  
City-St-Zip: KISSIMMEE, FL 34743

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: SCOTT P LONG

VP

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date