

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31027 (8)

1. Corporation Name

GRAND PALMS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487
US**

**951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487-3513
US**

3. Date Incorporated or Qualified
03/07/1989

3a. Date of Last Report
05/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMMUNITY ASSN SERVCS INC
951 BROKEN SOUND PARKWAY
SUITE 250
BOCA RATON FL 33487**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **SEGALL, E.M.**
STREET ADDRESS **14800 PINES BLVD.**
CITY-ST-ZIP **PEMBROKE PINES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE
NAME **SEGALL, SANDY**
STREET ADDRESS **14800 PINES BLVD.**
CITY-ST-ZIP **PEMBROKE PINES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE
NAME **SEGALL, JUDY**
STREET ADDRESS **14800 PINES BLVD.**
CITY-ST-ZIP **PEMBROKE PINES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☐ DELETE
NAME **SEGALL, ALLAN**
STREET ADDRESS **14800 PINES BLVD.**
CITY-ST-ZIP **PEMBROKE PINES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **MARTIN, RON**
STREET ADDRESS **1442 LA COSTA DR E**
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **ENTIN, ALVIN**
STREET ADDRESS **951 BROKEN SOUND PARKWAY**
CITY-ST-ZIP **BOCA RATON FL 33487**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

Date

Daytime Phone # 0039703

CR2E037 (9/96)