

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31027

FILED
Jan 07, 2009
Secretary of State

Entity Name: GRAND PALMS COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

MIAMI MGMT
15805 SW 11 ST
PEMBROKE PINES, FL 33027

New Principal Place of Business:

GRAND PALMS
15805 SW 11 ST
PEMBROKE PINES, FL 33027

Current Mailing Address:

15805 SW 11 ST
PEMBROKE PINES, FL 33027

New Mailing Address:

GRAND PALMS
15805 SW 11 ST
PEMBROKE PINES, FL 33027

FEI Number: 65-0101904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NACHMAN, IRVIN W
4441 STIRLING RD
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

NACHMAN, IRVIN W
4441 STIRLING RD
FORT LAUDERDALE, FL 33314 US

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: IRVIN NACHMAN

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GULLO, PETER
Address: 15631 SW 16 CT
City-St-Zip: HOLLYWOOD, FL 33027

Title: VD () Delete
Name: FLEMING, BILL
Address: 1221 WILSHIRE CIR E
City-St-Zip: HOLLYWOOD, FL 33027

Title: TD () Delete
Name: MARTIN, RONALD
Address: 1442 LACOSTA DRIVE EAST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD () Delete
Name: SHELLEY, BEATRICE
Address: 14960 BELAIRE DR S
City-St-Zip: HOLLYWOOD, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLEMING, BILL
Address: 1221 WILSHIRE CIRLE EAST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VD (X) Change () Addition
Name: KLEIN, HUGO
Address: 502 SW 158 TERRACE #102
City-St-Zip: PEMBROKE PINES, FL 33027

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

Title: SD (X) Change () Addition
Name: SHELLEY, BEATRICE
Address: 14960 BEL AIRE DR SOUTH
City-St-Zip: PEMBROKE PINES, FL 33027

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: BILL FLEMING

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date