

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90011 042 ****70.00

DOCUMENT # N32715 1. Entity Name GRAND OAKS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 21045 COMMERCIAL TRAIL BOCA RATON, FL 33434			Mailing Address 5295 TOWN CENTER RD. BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number 65-0171169				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON, C/O LANG MANAGEMENT CO, INC. 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BJORNSSEN, LARRY		NAME	LANCE LAZAR BLVD	
STREET ADDRESS	2608 NW 64 BLVD		STREET ADDRESS	2604 NW 64 BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, PERRY		NAME	JIM CASTY BLVD	
STREET ADDRESS	2514 NW 64 BLVD		STREET ADDRESS	2668 NW 64 BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOGAN, DARRYL		NAME	LEWIS MESSIAM	
STREET ADDRESS	2588 NW 64 BLVD		STREET ADDRESS	2568 NW 64 BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUDE, JOSEPH		NAME	JERRY NEW PLACE	
STREET ADDRESS	2580 NW 64 BLVD		STREET ADDRESS	2537 NW 63 PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDO, GONZALEZ		NAME	BERT LITWIN	
STREET ADDRESS	2300 NW 63 LANE		STREET ADDRESS	2667 NW 63 PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33496		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 like empowered.					
SIGNATURE:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

50002483



03132008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0171169 Applied For Not Applicable

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCE LAZAR BLVD	
STREET ADDRESS	2604 NW 64 BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM CASTY BLVD	
STREET ADDRESS	2668 NW 64 BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS MESSIAM	
STREET ADDRESS	2568 NW 64 BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	2537 NW 63 PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
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STREET ADDRESS	2667 NW 63 PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #