2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32715

FILED Apr 28, 2009 Secretary of State

Entity Name: GRAND OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 21045 COMMERCIAL TRAIL BOCA RATON, FL 33434 **Current Mailing Address: New Mailing Address:** 5295 TOWN CENTER RD. 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 BOCA RATON, FL 33434 FEI Number: 65-0171169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILLIAM K. ISAACSON ISAACSON, WILLIAM K AGENT C/O LANG MANAGEMENT CO, INC. C/O LANG MANAGEMENT CO. INC. 21045 COMMERCIAL TRAIL 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 US BOCA RATON, FL 33486 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: WILLIAM K. ISAACSON 04/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LAZO, LANCE Name: Name: 2664 NW 64TH BLVD. Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: Title: () Delete () Change () Addition CASTY, JIM Name: Name: Address: 2668 NW 6TH BLVD. Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: Title: () Delete Title: () Change () Addition MESSULAM, LEWIS Name: Name: 2568 NW 64TH BLVD. Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip: () Delete Title: SD Title: () Change () Addition JERRY, NEW Name: Name: Address: 2537 NW 63 PLACE Address: City-St-Zip: WEST PALM BEACH, FL 334196 City-St-Zip: Title: () Delete Title: () Change () Addition LITWIN, BERT Name: Name: 2667 NW 63RD PLACE Address: Address: City-St-Zip: BOCA RATON, FL 33496 City-St-Zip:

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: LANCE LAZO PD 04/28/2009