2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N38976

Entity Name: ENCINO AT GRAND PALMS I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1941 NW 150 AVENUE
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

1941 NW 150 AVENUE
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 65-0276075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANDMARK MANAGEMENT SERVICES
1941 NW 150 AVENUE
PEMBROKE PINES, FL 33028 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: PD ( ) Delete
Name: SAMMARCO, LINDA
Address: 14903 SW 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T ( ) Delete
Name: VIGNESD, GRACE
Address: 14907 SW 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD ( ) Delete
Name: MORENO, YELIX
Address: 14925 SW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: SAMMARCO, LINDA
Address: 14903 SW 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: PD (X) Change ( ) Addition
Name: SOBEL, DORIS
Address: 14931 SW 15 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP (X) Change ( ) Addition
Name: CONNELLY, ELLEN
Address: 14933 SW 15TH STREET
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: DORIS SOBEL PRES 04/07/2009

Electronic Signature of Signing Officer or Director — Date