2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43614

FILED Mar 25, 2009 Secretary of State

Entity Name: GRAND PALM VILLAGE AT THE VINES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
17595 S. T	ASUS PROPER FAMIAMI, #100 ERS, FL 33908				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
17595 S. T	ASUS PROPER FAMIAMI, #100 ERS, FL 33908				
FEI Number:	: 65-0274562	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
MARSDEN, GARY C/O PEGASUS PROPERTY MGMT. 17595 S. TAMIAMI, #100 FORT MYERS, FL 33908 US			17595 S. TAMIAMI, # FORT MYERS, FL 33	C/O PEGASUS PROPERTY MGMT. 17595 S. TAMIAMI, #100 FORT MYERS, FL 33908 US	
The above in the State	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: STEVEN ALLEN				03/25/2009	
	Electroni	c Signature of Registered Ag	ent	Date	
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () MANZ, ROBERT 8371 GRAND PA FORT MYERS, F	ALM DRIVE, #3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () COLLINS, MAE 8331 GRAND PA FORT MYERS, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () MAST, FREEMA 8281 GRAND PA FT.MYERS, FL	ALM DR SUITE 1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () OFFERMAN, WA 8371 GRAND PA FORT MYERS, F	LM DR., #2	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () LAWRENCE, AU 8211 GRAND PA FORT MYERS, F	ALM DRIVE #4	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () COLLINS, ROBE 8331 GRAND PA FT.MYERS, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: STEVEN ALLEN A 03/25/2009