
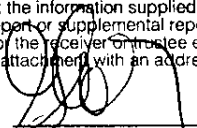


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90098 037 ****61.25

DOCUMENT # N45864 1. Entity Name ENCINO AT GRAND PALMS 2 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 101 GRAND PALMS DRIVE C/O MIAMI MANAGEMENT PEMBROKE PINES, FL 33027 US		Mailing Address 101 GRAND PALMS DRIVE C/O MIAMI MANAGEMENT PEMBROKE PINES, FL 33027 US	
2. Principal Place of Business - No P.O. Box # Miami Management 15805 SW 11 Street		3. Mailing Address 15805 SW 11 Street	
Suite, Apt. #, etc. 15805 SW 11 Street		Suite, Apt. #, etc. 	
City & State Pembroke Pines FL		City & State Pembroke Pines FL	
Zip 33027		Zip 33027	
Country US		Country US	
6. Name and Address of Current Registered Agent TRIAY, CARLOS P.A. SQUARE ONE BUSINESS CENTER SUITE 103 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)</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 VS NAME GEL, ELDEMIRE STREET ADDRESS 15157 ENCINO CIRCLE NORTH CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME LEHRMAN, SUSAN STREET ADDRESS 14943 SW 15TH STREET CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SIEH, ROBERT STREET ADDRESS 15165 SWISS STREET CITY-ST-ZIP PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 1-9-08 Daytime Phone #: 954-431-2835	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			