

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47177

FILED
Mar 17, 2009
Secretary of State

Entity Name: GRAND PALMS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2801 CLUB CORTILL CIRCELA
KISSIMMEE, FL 34746 US

New Principal Place of Business:

2701 CLUB CORTILE CIRCLE
KISSIMMEE, FL 34746 US

Current Mailing Address:

2801 CLUB CORTILL CIRCELA
KISSIMMEE, FL 34746 US

New Mailing Address:

2701 CLUB CORTILE CIRCLE
KISSIMMEE, FL 34746 US

FEI Number: 59-3194391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CL ATTENTIVE MANAGEMENT
8009 S ORANGE AVENUE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

C&L ATTENTIVE MANAGEMENT, LLC.
2701 CLUB CORTILE CIRCLE
KISSIMMEE, FL 34746 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: COLIN BARKER

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATTERSON, ROBERT
Address: 3204 QUEEN PALM COURT
City-St-Zip: KISSIMMEE, FL 34747

Title: ST () Delete
Name: THALMANN, SCOTT
Address: 606 GREENWOOD
City-St-Zip: GLENVIEW, IL 60025

Title: D () Delete
Name: PATTERSON, BARBARA
Address: 3204 QUEEN PALM CT
City-St-Zip: KISSIMMEE, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: COLIN BARKER

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03/17/2009

Electronic Signature of Signing Officer or Director

Date