FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name	#	N47330
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(8)

GRAND PALMS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business Mailing Address							
3150 LINDFIEL KISSIMMEE F		3150 LINDFIELDS BLVD. KISSIMMEE FL 34747					
					3. Date Incorporated or Qualified 02/13/1992	3a. Date of Last Report 05/01/1995	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number	Applied For	
21]		26			59-3240728	Not Applicable	
Suite, Apt. #	-	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation has liability for in	,	
24	9. Name and Address of Curre	L	30		Florida Statutes L 10. Name and Address of New Re	Yes No	
	g, Halling Bild Addition of Duffer	it Hogistores Agent	8	1 Name	To. Home and Address of How the	Alaroton vitorit	
LAWREN	CE, RICHARD						
3150 LINDFIELDS BLVD.			8:	2 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
	EE FL 34747		8:	3			
			8	4 City		85 Zip Code	
				Oity		FL 2 2 5 6 6 6 6 6 6 6 6 6	
or registere familiar witi SIGNATURE _	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such change was authorized tion 617.0503, Florida Statutes.	d by the cor	poration's bo	oration submits this statement for the purp ard of directors. I hereby accept the appo	intment as registered agent. I am	
12.	Signature, typed or printed name of registered agen OFFICERS AN	ND DIRECTORS	13.	eni sigirature requi	red when reinstating! ADDITIONS/CHANGES 10 OF FI	DATE CERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		//P	Change Addition	
NAME	DEACON, JOHN		1.2 NAME	1	MACON, JOHN	~ -	
STREET ADDRESS	3150 LINDFIELDS BLVD.		1.3 STRE	et adoress 3	1150 LINDFIELDS BLU	۵	
CITY-ST-ZIP	KISSIMMEE FL 34747		1.4 CITY		KISSIMMER FL 347	47	
TITLE	D	DELETE	2.1 TITLE	•	T/D	Change Addition	
NAME	KINGSWELL, TREVOR		2 2 NAME		linus war trown		
STREET ADDRESS	3150 LINDFIELDS BLVD.		2 3 STRE	ET ADDRESS 3	150 LINDFIEDS BLUD		
CITY-ST-ZIP	KISSIMMEE FL 34747	X DELETE	2 4 CITY			747	
TITLE NAME	HENNESEY, FRANK	X IDECE IE	3.1 TITLE 3.2 NAME	-	D KITCMENS, FRED	Change Addition	
STREET ADDRESS	3150 LINDFIELD BLVD.				BISO LINDFIELDS AW.	0	
CITY-ST-ZP	KISSIMMEE FL 34747		3.4. CITY		_	4747	
THILE	D	DELETE	4.1 TITLE		PISID	Change Addition	
NAME	FREEMAN, COLIN		4. 2 NAM	i i	REEMAN COUN		
STREET ADDRESS	3150 LINDFIELD BLVD.		4 3 STRE		150 LINDFIELDS BLUD		
CITY-ST-ZIP	KISSIMMEE FL 34747		4 4 CITY	-ST-ZIP	CISSIMMEE FL 34	747	
TITLE	ST	™ DELETE	5 1 TITLE		D	Change 🔀 Addition	
NAME	LAWRENCE, HAYRIYE		52 NAMI	: <u>.</u>	AVIN. RON	4	
STREET ADDRESS	2941 PEMBRIDGE ST.		53 STRE	L.	7119 PENNEYLVANIA		
CITY-ST-ZIP	KISSIMMEE FL 34747	V or ere	5.4 CITY		upper Darby pa 10		
TITLE	A NY DEPLOE DIVINADD	⊠ DELETE	6 1 TITLE			Change Addition	
NAME	LAWRENCE, RICHARD 2941 PEMBRIDGE ST.		6.2 NAMI	1			
STREET ADDRESS	KISSIMMEE FL 34747			ET ADDRESS			
CITY-ST-ZIP		with this filing is unfuntarily furnis	6.4 CITY shed and do		for the exemption stated in Section 119 (07/31/k\ Florida Statutes I further	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 prustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with in address.

SIGNATURE

NATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

y KITCHOS-5/14/96 (407) 827-6222

HZE037 (12/95)