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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N47330** **(8)**

1. Corporation Name

GRAND PALMS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3150 LINDFIELDS BLVD. KISSIMMEE FL 34747	3150 LINDFIELDS BLVD. KISSIMMEE FL 34747-1622

3. Date Incorporated or Qualified: **02/13/1992**
3a. Date of Last Report: **05/21/1996**

2. Principal Place of Business
21: 820 Palmway St
22: Suite, Apt. #, etc.
23: City & State: Kissimmee FL
24: Zip: 34744 25: Country: USA

2a. Mailing Address
26: 820 Palmway St
27: Suite, Apt. #, etc.
28: City & State: Kissimmee FL
29: Zip: 34744 30: Country: USA

4. FEI Number: **59-3240728** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAWRENCE, RICHARD
3150 LINDFIELDS BLVD.
KISSIMMEE FL 34747

10. Name and Address of New Registered Agent

81 Name: Vicki Ferdinandsen
82 Street Address (P.O. Box Number is Not Acceptable): 820 Palmway St
83:
84 City: Kissimmee FL 85 Zip Code: 34744

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Richard Lawrence/Vicki Ferdinandsen 4-16-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEACON, JOHN		1.2 NAME		
STREET ADDRESS	3150 LINDFIELDS BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KINGSWELL, TREVOR		2.2 NAME		
STREET ADDRESS	3150 LINDFIELDS BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KITCHENS, FRED		3.2 NAME		
STREET ADDRESS	3150 LINDFIELDS BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		3.4 CITY-ST-ZIP		
TITLE	PSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, COLIN		4.2 NAME		
STREET ADDRESS	3150 LINDFIELDS BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAVIN, RON		5.2 NAME		
STREET ADDRESS	7119 PENNSYLVANIA AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	UPPER DARBY PA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee 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 an address.

SIGNATURE: John Deacon REQUIRED 4/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0070102