


FILE NOW: FILING FEE IS \$61.25

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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47330** (8)

1. Corporation Name

GRAND PALMS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**820 PALM WAY ST.
KISSIMMEE FL 34744
US**

**820 PALM BAY WAY ST.
KISSIMMEE FL 34744
US**



3. Date Incorporated or Qualified

02/13/1992

4. FEI Number

59-3240728

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 820 Palmway St

22 City & State

27 Kissimmee FL

23 Zip

25 Country

28 34744

30 US A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERPINANDSEN, VICKI
820 PALM WAY ST
KISSIMMEE FL 34744**

81 Name

Vicki Ferdinandsen

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

[Signature]

Vicki Ferdinandsen

1-22-98

(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	<input type="checkbox"/> DELETE
NAME	DEACON, JOHN	
STREET ADDRESS	3150 LINDFIELDS BLVD.	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KINGSWELL, TREVOR	
STREET ADDRESS	3150 LINDFIELDS BLVD.	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KITCHENS, FRED	
STREET ADDRESS	3150 LINDFIELDS BLVD.	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	FREEMAN, COLIN	
STREET ADDRESS	3150 LINDFIELDS BLVD.	
CITY-ST-ZIP	KISSIMMEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAVIN, RON	
STREET ADDRESS	7119 PENNSYLVANIA AVE.	
CITY-ST-ZIP	UPPER DARBY PA	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

[Signature] SIGNATURE REQUIRED

March 24TH 1998

CR2E037 (10/97)