

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90010 031 ****61.25

DOCUMENT # N47330

1. Corporation Name

GRAND PALMS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

820 PALM WAY ST.
KISSIMMEE FL 34744
US

Mailing Address

820 PALM BAY WAY ST.
KISSIMMEE FL 34744
US

5 597393 7 3 9 3 1



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/13/1992

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

9. Name and Address of Current Registered Agent

FERDINANDSEN, VICKI
820 PALM WAY ST
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

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, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WOOD, STEVE	
1.3 STREET ADDRESS	3150 LINDFIELDS BLVD	
1.4 CITY-ST-ZIP	KISSIMMEE FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WATSON, MIKE	
2.3 STREET ADDRESS	3150 LINDFIELDS BLVD	
2.4 CITY-ST-ZIP	KISSIMMEE FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FREEMAN, RON	
3.3 STREET ADDRESS	3150 LINDFIELDS BLVD.	
3.4 CITY-ST-ZIP	KISSIMMEE FL	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FREEMAN, COLIN	
4.3 STREET ADDRESS	3150 LINDFIELDS BLVD	
4.4 CITY-ST-ZIP	KISSIMMEE, FL	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DEACON, JOHN	
5.3 STREET ADDRESS	3150 LINDFIELDS BLVD	
5.4 CITY-ST-ZIP	KISSIMMEE, FL	
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

12th July 1999

CR2E037 (5/99)