

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90240 020 ****61.25

DOCUMENT # N47330

1. Entity Name
GRAND PALMS CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business
**5401 KIRKMAN RD. STE 475
ORLANDO, FL 32819 US**

Mailing Address
**C/O COMMUNITY MGMT PROF INC.
5401 KIRKMAN RD. STE 475
ORLANDO, FL 32819 US**

94072131



2. Principal Place of Business

**1633 E. Vine Street
Suite 110**

City & State
Kissimmee, FL

Zip
34744

Country
U.S.

3. Mailing Address

**1633 E. Vine Street
Suite 110**

City & State
Kissimmee, FL

Zip
34744

Country
U.S.

04192004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3240728

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 KIRKMAN RD. STE 475
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name
Rebecca Furlow
Street Address (P.O. Box Number is Not Acceptable)
**1633 E. Vine Street
Suite 110**
City
Kissimmee, FL Zip Code
34744

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rebecca Furlow

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **FREEMAN, RON**
STREET ADDRESS **3150 LINDFIELDS BLVD.**
CITY-ST-ZIP **KISSIMMEE, FL**

TITLE **PD** ☒ Delete
NAME **LAVIN, RON**
STREET ADDRESS **3150 LINDFIELDS BLVD**
CITY-ST-ZIP **KISSIMMEE, FL**

TITLE **TD** ☒ Delete
NAME **SIDKEY, LYNNE**
STREET ADDRESS **3150 LINDFIELDS BLVD.**
CITY-ST-ZIP **KISSIMMEE, FL**

TITLE **D** ☒ Delete
NAME **THIRDE, PAM**
STREET ADDRESS **3150 LINDFIELDS BLVD.**
CITY-ST-ZIP **KISSIMMEE, FL**

TITLE **D** ☒ Delete
NAME **EDINGER, MICHAEL**
STREET ADDRESS **3150 LINDFIELDS BLVD**
CITY-ST-ZIP **KISSIMMEE, FL 34747**

TITLE **SD** ☒ Delete
NAME **BOWDITCH, NICK**
STREET ADDRESS **3150 LINDFIELDS BLVD**
CITY-ST-ZIP **KISSIMMEE, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Sidkey, Lynne**
STREET ADDRESS **201 Covent Garden Avenue**
CITY-ST-ZIP **Davenport, FL 33897**

TITLE **VD** ☒ Change ☐ Addition
NAME **Sabul, Jerold**
STREET ADDRESS **3205 Sabal Palms # B**
CITY-ST-ZIP **Kissimmee, FL 34747**

TITLE **DS** ☒ Change ☐ Addition
NAME **Sidkey, Sherman**
STREET ADDRESS **201 Covent Garden Avenue**
CITY-ST-ZIP **Davenport, FL 33897**

TITLE **DT** ☒ Change ☐ Addition
NAME **Lucas, Vivian**
STREET ADDRESS **3203 Sabal Palms # A**
CITY-ST-ZIP **Kissimmee, FL 34747**

TITLE **D** ☒ Change ☐ Addition
NAME **Bailey, Doug**
STREET ADDRESS **3203-A Sabal Palms**
CITY-ST-ZIP **Kissimmee, FL 34747**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynne Sidkey, Pres.* - **LYNNE SIDKEY, PRES.**

4/23/04 **407-709-5285**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #