

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90275 035 \*\*\*\*61.25

**DOCUMENT # N47330**

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



Principal Place of Business  
**1633 E YINE STREET  
SUITE 110  
KISSIMMEE, FL 34744 US**

Mailing Address  
**1633 E YINE STREET  
SUITE 110  
KISSIMMEE, FL 34744 US**

**30062600**



2. Principal Place of Business

**8009 S. Orange Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**8009 S. Orange Ave**  
Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

**Orlando FL**

City & State

**Orlando FL**

4. FEI Number

**59-3240728**

Applied For

Not Applicable

Zip

**32809**

Country

**USA**

Zip

**32809**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FURLOW, REBECCA Leland Management**  
**1633 E. VINE STREET**  
**SUITE 110**  
**KISSIMMEE, FL 34744**

Name

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

**8009 S. Orange Ave**

City

**Orlando**

FL

Zip Code

**32809**

7. Name and Address of New Registered Agent

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

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, 2005**

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 **SABUL, JEROLD**  
STREET ADDRESS **3205 SABAL PALMS #B**  
CITY-ST-ZIP **KISSIMMEE, FL 34747**

TITLE **DS** ☒ Delete  
NAME **SIDKEY, SHERMAN**  
STREET ADDRESS **201 COVENT GARDEN AVE**  
CITY-ST-ZIP **DAVENPORT, FL 33897**

TITLE **PD** ☒ Delete  
NAME **SIDKEY, LYNNE**  
STREET ADDRESS **201 COVENT GARDEN AVE**  
CITY-ST-ZIP **DAVENPORT, FL 33897**

TITLE **DT** ☒ Delete  
NAME **LUCAS, VIVIAN**  
STREET ADDRESS **3203 SABAL PALMS #A**  
CITY-ST-ZIP **KISSIMMEE, FL 34747**

TITLE **D** ☒ Delete  
NAME **BAILEY, DOUG**  
STREET ADDRESS **3203-A SABAL PALMS**  
CITY-ST-ZIP **KISSIMMEE, FL 34747**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President/Treasurer** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Rosario, Angel**  
STREET ADDRESS **3202 Sabal Palms Court # B**  
CITY-ST-ZIP **Kissimmee, FL 34747**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Weaver St, Ronald**  
STREET ADDRESS **3205 Sabal Palms Court # A**  
CITY-ST-ZIP **Kissimmee FL 34747**

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

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

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:

**JEROLD P. SABUL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/1/25 407-787-4511**