2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47330

FILED Apr 10, 2008 Secretary of State

Entity Name: GRAND PALMS CONDOMINIUM I ASSOCIATION, INC.

	-rincipal Plac	e of Business:	New Principal Plac	e ot Business:
2180 WE: SUITE 50 LONGWO		95044 US		
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
2180 WE: SUITE 50 LONGWO		95044 US		
El Numbe	r: 59-3240728	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name an	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
SENTRY 2180 W S ONGWO		00 95044 US	urpose of changing its register	ed office or registered agent, or both,
n the Stat	te of Florida.			
SIGNATU		ois Oissants of Desisters d.A.	-1	Date
	Electro	nic Signature of Registered Age	nt	Date
OFFICER	RS AND DIREC	CTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR
itle: lame: lddress:	PD (SABUL, MARI 3205 SABAL F) Delete JA PALMS COURT #B	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS () Change () Addition
ritle: lame: Address: City-St-Zip: ritle: lame: Address:	PD (SABUL, MARIA 3205 SABAL F KISSIMMEE, F VPD (ROSARIO, AN 3202 SABAL F) Delete JA PALMS COURT #B FL 34747) Delete GEL PALMS COURT #B	Title: Name: Address:	
DFFICER Title: Name: Address: Dity-St-Zip: Title: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip:	PD (SABUL, MARI, 3205 SABAL F KISSIMMEE, F VPD (ROSARIO, AN 3202 SABAL F KISSIMMEE, F STD (WEAVER, RO 3205 SABAL F) Delete JA PALMS COURT #B FL 34747) Delete GEL PALMS COURT #B FL 34747) Delete NALD JR PALMS COURT #A	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARJA SABUL PD 04/10/2008