

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47330

FILED  
Mar 26, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2180 WEST 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST 434  
SUITE 5000  
LONGWOOD, FL 327795044 US

**New Mailing Address:**

**FEI Number:** 59-3240728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KEIGHAN, SCOTT  
Address: 3200 SABAL PALMS COURT #A  
City-St-Zip: KISSIMMEE, FL 34747

Title: TD  
Name: BARNES, MATTHEW L  
Address: 1741 HARDEE RD  
City-St-Zip: ROCKY MOUNT, NC 27804

Title: VPD  
Name: FOUIGNER, NELLIE  
Address: 250-24 41ST RD  
City-St-Zip: LITTLE NECK, NY 11363

Title: SD  
Name: BRENNAN, DEBRA  
Address: 168 OLD GOSHEN RD  
City-St-Zip: CENTER CONWAY, NH 03813

Title: D  
Name: FOUIGNER, ARTHUR  
Address: 250-24 41ST RD  
City-St-Zip: LITTLE NECK, NY 11363

I hereby 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 all other like empowered.

SIGNATURE: SCOTT KEIGHAN

PD

03/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date