


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90195 035 \*\*\*\*61.25

<b>DOCUMENT # N47944</b> 1. Entity Name <b>GRAND FAIRFIELD HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4350 NW 19TH AVE SUITE C POMPANO BEACH, FL 33064 US</b>			Mailing Address <b>4350 NW 19TH AVE SUITE C POMPANO BEACH, FL 33064 US</b>		
2. Principal Place of Business - No P.O. Box #, <b>778 South Military Trail</b> Suite, Apt. #, etc.		3. Mailing Address <b>778 South Military Trail</b> Suite, Apt. #, etc.			
City & State <b>Deerfield Beach FL</b> Zip <b>33442</b>		City & State <b>Deerfield Beach FL</b> Zip <b>33442</b>		4. FEI Number <b>65-0322413</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PALOMBI, GARY 4350 NW 19TH AVE SUITE C POMPANO BEACH, FL 33064</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>778 South Military Trail</b> City <b>Deerfield Beach FL</b> Zip Code <b>33442</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLADSTONE, ROBERT 5462 GRAND PARK PLACE BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIOEVI, MARIE 5392 GRAND PARK PL BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GIOENI</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VISCOME, JOHN 5394 GRAND PARK PLACE BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GERSHON, NOAH 5389 GRAND PARK PLACE BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISNICK, BETSY 5427 GRAND PARK PL BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><i>Robert Gladstone</i></u> <b>ROBERT GLADSTONE, Pres</b> <u>4/8/07</u> <u>56-347-8495</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					