

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49505

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** LA GRANDE PROVENCE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11 AVE DE LA MER  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 AVE DE LA MER  
PALM COAST, FL 32137 US

**New Mailing Address:**

PO BOX 353173  
PALM COAST, FL 32135 US

**FEI Number:** 59-3132055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISTINE & CHRISTINE, P.A.  
28 CORDOVA STREET  
ST. AUGUSTINE, FL 32084 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: DT  
Name: CORY, ROBERT  
Address: 11 AVENUE DE LA MER  
City-St-Zip: PALM COAST, FL 32137

Title: P  
Name: PAPANDREA, TONY  
Address: 11 AVENUE DE LA MAR  
City-St-Zip: PALM COAST, FL 32137

Title: D  
Name: COOLEGE, BARBARA  
Address: 1708 LEARY RD  
City-St-Zip: MINOCQUA, WI 54548

Title: TD  
Name: KILEY, JEAN  
Address: 15 AVE DE LA MER, #2501  
City-St-Zip: PALM COAST, FL 32137

Title: D  
Name: LUENZMAN, DAVE  
Address: 11 AVE DE LA MER, UNIT 1207  
City-St-Zip: PALM COAST, FL 32137

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:** TONY PAPANDREA

PRES

02/18/2010

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

\_\_\_\_\_  
Date