

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003031

FILED
Jan 07, 2009
Secretary of State

Entity Name: GROVE PLACE AT GRAND PALMS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT INC
15805 SW 11 ST
HOLLYWOOD, FL 33027 US

New Principal Place of Business:

C/O GRAND PALMS
15805 SW 11 ST
PEMBROKE PINES, FL 33027 US

Current Mailing Address:

C/O MIAMI MANAGEMENT INC
15805 SW 11 ST
HOLLYWOOD, FL 33027 US

New Mailing Address:

C/O GRAND PALMS
15805 SW 11 ST
PEMBROKE PINES, FL 33027 US

FEI Number: 65-0653661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NACHMAN, IRVIN W
4441 STIRLING RD
FORT LAUDERDALE, FL 33314 US

Name and Address of New Registered Agent:

NACHMAN, IRVIN
4441 STIRLING RD
FORT LAUDERDALE, FL 33314 US

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: IRVIN NACHMAN

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: HANCOCK, PATRICK
Address: 101 GRAND PALMS DRIVE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: PD () Delete
Name: SHELLEY, MICHAEL
Address: 15833 SW 14 COURT
City-St-Zip: HOLLYWOOD, FL 33027

Title: TD () Delete
Name: GORLECHEN, JOAN
Address: 15832 SW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD () Delete
Name: OCONNOR, SCOTT
Address: 1406 SW 159 AVENUE
City-St-Zip: HOLLYWOOD, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: LONG, JANET
Address: 15851 SW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP (X) Change () Addition
Name: SOTO, ROBERT
Address: 15872 SW 14 STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: OCONNOR, SCOTT
Address: 1406 SW 159 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

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: SCOTT O CONNOR

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date