2006 NOT-FOR-PROFIT CORPORATION

CITY-ST-7IP

SIRRET ADDRESS

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Apr 17, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N94000005691 04-17-2006 90350 024 ****61.25 1. Entity Name GRAND ISLE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 330 8TH AVE N 330 8TH AVE NORTH TIERRA VERDE, FL 33715 TIERRA VERDE, FL 33715 US 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 03202006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-3398113 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITHSON, LISA Street Address (P.O. Box Number is Not Acceptable) 330 8TH AVE NORTH TIERRA VERDE, FL 33715 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. TITLE Delete TITLE ☐ Addition INTERIN PRESIDENT Change NAME **ENZEILER, LABERT** NAME CHRISTING CALLAHAN 530 GOD AVE N #2 TIERRA VARDE SI 3 STREET ADDRESS 330-8TH AVENUE N # 4 STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP TERRA VERDE D ☐ Delete TITLE TITLE ☐ Change ☐ Addition GEROLF, BUDIAN NAME NAME STREET ADORESS 330 8TH AVE N #5 STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TILE Addition NAME SMITHSON, LAURA L STREET ADDRESS 330 8TH AVE N #1 STREET ADDRESS CITY-ST-78P TIERRA VERDE, FL 33715 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

■ 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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NAME

☐ Delete

CHRISTINE CALAMON APRIL SIGNATURE: