

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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|---|---|--|
| <b>DOCUMENT # N95000003160</b><br>1. Entity Name<br><b>GRAND CAY HOMEOWNERS ASSOCIATION, INC.</b>   |   |  |
| Principal Place of Business<br><del>300 AVE OF THE CHAMPIONS</del><br><del>SUITE 120</del><br><del>PALM BEACH GARDENS, FL 33418</del><br><b>United Community Mgt. Corp.</b>   |   | Mailing Address<br><del>300 AVE OF THE CHAMPIONS</del><br><del>SUITE 120</del><br><del>PALM BEACH GARDENS, FL 33418</del><br><b>11784 W. Sample Rd</b> |
| 2. Principal Place of Business - No P.O. Box #<br><b>11784 W. Sample Rd</b><br>Suite, Apt. #, etc. <b>#103</b>  |   | 3. Mailing Address<br><b>11784 W. Sample Rd</b><br>Suite, Apt. #, etc. <b>#103</b>   |
| City & State<br><b>Coral Springs, FL</b><br>Zip<br><b>33065</b>   |   | City & State<br><b>Coral Springs, FL</b><br>Zip<br><b>33065</b>  |
| Country<br><b>USA</b>   |   | Country<br><b>USA</b>  |
| 4. FEI Number<br><b>65-0646944</b>  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><b>QUEEN, SUSAN M</b><br><b>300 AVENUE OF THE CHAMPIONS</b><br><b>SUITE 120</b><br><b>PALM BEACH GARDENS, FL 33418</b>   |   |  |
| 7. Name and Address of New Registered Agent<br>Name <b>United Community Mgt. Corp.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11784 West Sample Rd #103</b><br>City <b>Coral Springs</b> FL Zip Code <b>33065</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.<br>SIGNATURE <b>Renee Campbell U.P. Finance United Community Mgt 12/16/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |
| Amended AR is \$61.25   |   |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |
| Make check payable to <b>Florida Department of State</b>  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  |
| TITLE   | <b>P</b> <input type="checkbox"/> Delete<br><b>WARSHAW, KAREN</b><br>STREET ADDRESS <b>300 AVENUE OF THE CHAMPIONS #120</b><br>CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33418</b>  |  |
| TITLE   | <b>VP</b> <input type="checkbox"/> Delete<br><b>COCOTOS, MARY</b><br>STREET ADDRESS <b>300 AVENUE OF THE CHAMPIONS #120</b><br>CITY-ST-ZIP <b>PALM BEACH GRDNS, FL 33418</b>  |  |
| TITLE   | <b>T</b> <input type="checkbox"/> Delete<br><b>BERNHARD, HARRY</b><br>STREET ADDRESS <b>300 AVENUE OF THE CHAMPIONS #120</b><br>CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33418</b>   |  |
| TITLE   | <b>D</b> <input type="checkbox"/> Delete<br><b>KRAFCHUK, LORNA</b><br>STREET ADDRESS <b>300 AVENUE OF THE CHAMPIONS #120</b><br>CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33418</b>   |  |
| TITLE   | <b>D</b> <input type="checkbox"/> Delete<br><b>GROSSO, RICHARD</b><br>STREET ADDRESS <b>300 AVENUE OF THE CHAMPIONS #120</b><br>CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33418</b>   |  |
| TITLE   | <b>S</b> <input type="checkbox"/> Delete<br><b>GARLINGE, JIM</b><br>STREET ADDRESS <b>300 AVENUE OF THE CHAMPIONS #120</b><br>CITY-ST-ZIP <b>PALM BEACH GARDENS, FL 33418</b>   |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Borinstein, Judith</b><br>STREET ADDRESS <b>300 Avenue of the Champions #120</b><br>CITY-ST-ZIP <b>Palm Beach Gardens, FL 33418</b> |  |
| TITLE   | STREET ADDRESS<br>CITY-ST-ZIP<br><b>000139228280</b><br><b>12/23/08 01013 007 ***61.25</b>  |  |
| 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. |   |  |
| SIGNATURE: <b>Karen Warsaw</b> <b>12/11/08</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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