

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90100 025 ****61.25

DOCUMENT # N96000000761

1. Entity Name
**GRANDVIEW CONDOMINIUM ASSOCIATION OF
DAYTONA BEACH SHORES, INC.**



Principal Place of Business
**3724 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118**

Mailing Address
**55 LONGWOOD DR
ORMOND BEACH, FL 32176**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3376529

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**A1A TAX & BOOKING INC.
A1A TAX & BOOKS, INC.
55 LONGWOOD DRIVE
ORMOND BEACH, FL 32176**

7. Name and Address of New Registered Agent

Name **A1A Tax & Bookkeeping, Inc.**
Street Address (P.O. Box Number is Not Acceptable)

55 Longwood
City **Ormond Beach, FL** Zip Code **32176**

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
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **COLARUSSO, LUCI**
STREET ADDRESS **3724 S ATLANTIC AVE #3**
CITY-ST-ZIP **DAYTONA BEACH, FL 32218**

TITLE **MGRM** ☒ Delete
NAME **GILL, ED**
STREET ADDRESS **3724 SOUTH ATLANTIC AVENUE**
CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

TITLE **ST** ☐ Delete
NAME **LA BATTAGLIA, MARIE**
STREET ADDRESS **3724 S ATLANTIC AVE #8**
CITY-ST-ZIP **DAYTONA BEACH SHORES, FL 32118**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Michael Strahl**
STREET ADDRESS **1822 Forough Circle**
CITY-ST-ZIP **Port Orange, FL 32128**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Laura Strahl**
STREET ADDRESS **1822 Forough Circle**
CITY-ST-ZIP **Port Orange, FL 32128**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06

Date

Daytime Phone #