


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2007 08:00 AM
Secretary of State**

DOCUMENT # N97000000696 1. Entity Name SAN PAOLO AT GRAND PALMS ASSOCIATION, INC.	
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Principal Place of Business 15691 SW 16TH ST PEMBROKE PINES, FL 33027	Mailing Address 15691 SW 16TH ST PEMBROKE PINES, FL 33027 US
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

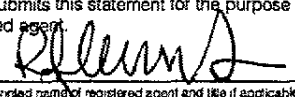
4. FEI Number 65-0730913	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, R.J.
15691 SW 16TH ST
PEMBROKE PINES, FL 33027**

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: **1/15/2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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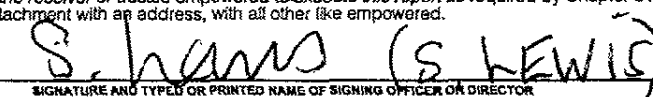
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALFONSO, L 1428 SW 157 AVE PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LEWIS, SALLY 15691 SW 16TH ST PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALFONSO, WILLIAM 1418 SW 157TH AVE PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/22/07-80021-018 61.25

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IN THIS SPACE**

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:  1/15/2007 954-4379202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #