2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 12, 2008 8:00 am DOCUMENT # N97000003511 **Secretary of State** 1. Entity Name 02-12-2008 90017 039 ****61.25 GRAND LAKE RESORT CONDOMINIUM ASSOCIATION. Principal Place of Business Mailing Address 7770 WEST IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 34747 PO BOX 730119 ORMOND BEACH FL 32173 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3478546 Not Applicable Zic \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNEDY, R. MICHAEL -Street Address (P.O.-Box-Number is Net Acceptable) 444 SPABREEZE BOULEVARD SUITE-1001— SEA BREEZE DAYTONA BEACH FL 32118 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THE E ☐ Delate TITLE ☐ Change ■ Addition WOODS, SHANNON NAME NAME 2570 W. INTERNATIONAL SPEEDWAY BLVD. STREET ADDRESS STREET ADDRESS DAYTONA BEACH#L 32114 CITY-ST-ZIP CITY-ST-ZP TITLE Oelete TITLE ☐ Change Addition HINDERMAN, GARTH NAME NAME STREET ADDRESS 2757 E LAKESHORE DR STREET ADDRESS BIRCHWOOD WI 54817 CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Change Oelete Addition GARDNER, KAY D NAME HAME 190-23 PINEVILLE LANE STREET ADDRESS STREET ADDRESS FRANKVILLE GARDENS NY 11413-1536 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NALE STACET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7:P ☐ Change THLE ☐ Defete TITLE Addition NAME STREET ADDRESS STREET ADDRESS

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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 of 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. 1-25-08 SHANNON WOODS 386-898-0091 SIGNATURE:

CITY-ST-7-P 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information

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