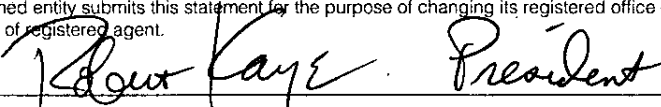


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90037 030 ****61.25

DOCUMENT # N98000003450 1. Entity Name OCEAN GRANDE PLACE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1599 NW 9TH AVE BOCA RATON FL 33486			Mailing Address 1599 NW 9 AVENUE GRANT PROPERTY MGMT BOCA RATON FL 33486		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRANT PROPERTY MANAGEMENT 1599 N 9TH AVE BOCA RATON FL 33486				Name Robert Kaye & Assoc., PA	
				Street Address (P.O. Box Number is Not Acceptable)	
				6261 NW 6th Way, Suite 103	
				City Ft. Lauderdale FL Zip Code 33309	
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. President (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ARTIS, KVIST 3626 S OCEAN BLVD BOCA RATON FL 33487 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KWIAT, ARTHUR ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RYNER, MARCIA 3646 S OCEAN BLVD BOCA RATON FL 33487 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/TD RYMER, MARCIA ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RICHARD, BAILYN 3622 S OCEAN BLVD BOCA RATON FL 33487 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAILYN, RICHARD ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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			03-22-04 Date		

94040641



MOORE CR2E037 (11/03)

4. FEI Number **65-0843999** ☐ Applied For
Not Applicable

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