


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90197 045 ****61.25

DOCUMENT # N98000005078

1. Entity Name
GRAND KEY AT SUNSET LAKES COMMUNITY ASSOCIATION, INC.




Principal Place of Business
**1145 SAWGRASS CORPORATE PARKWAY
 SUNRISE, FL 33323**

Mailing Address
**1145 SAWGRASS CORPORATE PARKWAY
 SUNRISE, FL 33323**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04202004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0919981

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KATZMAN & KORR A PRFSNL ASS. OF ATT.
 INVERRAY FINANCIAL CENTER SECOND FLOOR
 5581 WEST OAKLAND PARK BOULEVARD
 LAUDERHILL, FL 33313**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARBURY, HOWARD MR 18796 SW 27 COURT MIRAMAR, FL 33029 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SAVINO, JOE <input checked="" type="checkbox"/> Delete 1886 SW 28 COURT MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARACIO, DEBBIE <input type="checkbox"/> Delete 2602 SW 187TH TERR MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINTON, TONY <input checked="" type="checkbox"/> Delete 18853 SW 26 STREET MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, DANET <input checked="" type="checkbox"/> Delete 18734 SW 28 COURT MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Allen Wilson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1145 Sawgrass Corp Pkwy Sunrise FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Howard marbury <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1145 Sawgrass Corp Pkwy Sunrise FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Debbie Caroccio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1145 Sawgrass Corp Pkwy Sunrise FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sylvia Stasiowski <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1145 Sawgrass Corp Pkwy Sunrise FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **HOWARD MARBURY** 4/20/04 951-846-7545
Signature and typed or printed name of signing officer or director Date Daytime Phone #