


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90284 021 \*\*\*\*61.25

<b>DOCUMENT # N98000005078</b>					
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			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 KATZMAN & KORR A PRFSNL ASS. OF ATT. 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	VP - MICHAEL SEWELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARBURY, HOWARD MR			NAME	1145 SAWGRASS CORP. PKWY
STREET ADDRESS	1145 SAWGRASS CORP. PKWY			STREET ADDRESS	SUNRISE, FL 33323
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	TD - DEBBIE CAROCCIO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, ALLEN			NAME	1145 SAWGRASS CORP. PKWY
STREET ADDRESS	1145 SAWGRASS CORP. PKWY			STREET ADDRESS	SUNRISE, FL 33323
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD - ALLEN WILSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROCCIO, DEBBIE			NAME	1145 SAWGRASS CORP. PKWY
STREET ADDRESS	1145 SAWGRASS CORP. PKWY			STREET ADDRESS	SUNRISE, FL 33323
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	SUNRISE, FL 33323
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	DIRECTOR: JOAQUIN TORRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STASIEWSKI, SYLVIA			NAME	1145 SAWGRASS CORP. PKWY
STREET ADDRESS	1145 SAWGRASS CORP. PKWY			STREET ADDRESS	SUNRISE, FL 33323
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP	SUNRISE, FL 33323
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u>Allen L. Wilson</u>				Date: <u>4-18-2005</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	