


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90121 002 ****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: 4350 SW 59 AVE, BLD A, DAVIE, FL 33314, USA
 3. Mailing Address: 4350 SW 59 AVE, BLD A, DAVIE, FL 33314, USA



02222006 Chg-NP CR2E037 (11/05)

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., 1501 NW 49TH STREET, SUITE 202, FORT LAUDERDALE, FL 33309
 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: DEBBIE CAROCCIO *Caroccio* TREASURER 3/6/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006
 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: PD NAME: MARBURY, HOWARD MR STREET ADDRESS: 1145 SAWGRASS CORP. PKWY CITY-ST-ZIP: SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: SEWELL, MICHAEL STREET ADDRESS: 1145 SAWGRASS CORP. PKWY CITY-ST-ZIP: SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: CAROCCIO, DEBBIE STREET ADDRESS: 1145 SAWGRASS CORP. PKWY CITY-ST-ZIP: SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: WILSON, ALLEN STREET ADDRESS: 1145 SAWGRASS CORP. PKWY CITY-ST-ZIP: SUNRISE, FL 33323	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TORRES, JOAQUIN STREET ADDRESS: 1145 SAWGRASS CORP. PKWY CITY-ST-ZIP: SUNRISE, FL 33323	<input type="checkbox"/> Delete	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"/> Delete	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 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: Debbie Caroccio *Debbie Caroccio* 3/6/06 305-626-4169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #