

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90373 045 ****61.25

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01192007 Chg-NP CR2E037 (12/06)

DOCUMENT # N98000005078							
1. Entity Name GRAND KEY AT SUNSET LAKES COMMUNITY ASSOCIATION, INC.							
Principal Place of Business 4350 SW 59TH AVE BLDG A FORT LAUDERDALE, FL 33314		Mailing Address 4350 SW 59TH AVE BLDG A FORT LAUDERDALE, FL 33314					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0919981			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KATZMAN & KORR A PRFSNL ASS. OF ATT. 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309			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 _____		(NOTE: Registered Agent signature required when reinstating)		DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MARBURY, HOWARD MR		NAME				
STREET ADDRESS	1145 SAWGRASS CORP. PKWY		STREET ADDRESS				
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SEWELL, MICHAEL		NAME				
STREET ADDRESS	1145 SAWGRASS CORP. PKWY		STREET ADDRESS				
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CAROCCIO, DEBBIE		NAME				
STREET ADDRESS	1145 SAWGRASS CORP. PKWY		STREET ADDRESS				
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WILSON, ALLEN		NAME				
STREET ADDRESS	1145 SAWGRASS CORP. PKWY		STREET ADDRESS				
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TORRES, JOAQUIN		NAME				
STREET ADDRESS	1145 SAWGRASS CORP. PKWY.		STREET ADDRESS				
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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 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 the power empowered.							
SIGNATURE: _____		Date		Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							