2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # N9800005078 1. Entity Name GRAND KEY AT SUNSET LAKES COMMUNITY ASSOCIATION, INC.					04	-04-2008 90	034 009 ****61.	25
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						
Principal Place of Business - No P.O. Box #		3. Mailing Address				1911 1814 1816 1816 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172008 _C	hg-NP	CR2E037 (12/06)	
City & State		City & State		**	4. FEI Number 65-091998	31		oplied For of Applicable
Zip	Country	Zip	Country		5. Certificate of St	tatus Desired	\$8.75 Add	
	-6., Name and Address of Current I	Registered Agent			7. Name and Add		gistered Agent	
KATZMAN-8 KORR A PRESNIL ASS. OF ATT.				Name IRVIA W. NACHMAI				
	STATE TREET	AII.	Str	Street Address (P.O. Box Number is Not Acceptable)				
SUITE 202				цч	11 Stro	11/- 0.		
FORTLAUBERBALE, FE 33309			. Cit	City C. 1 STIRLIAG ROAD				
The above named entity submits this statement for the purpose of changing its reg				T. LAUDERDINLE FL 333/4				
	ions of registered agent.	r the purpose of changing its	registered off	ice or registe	red agent, or both, in	the State of Flori	ida. Tam familiar with,	, and accept
	(&	// ///				2	3/5/20	
SIGNATURE :		e // when					13/00	
1 .	Signature, sped or purited name of registered agent is	and title if applicable. (NOTE	: Registered Agen	t signature require	d when reinstating)		DATE	
	Filling Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C	ipaign Financ		\$5.00 May Be Added to Fees		ke check payable to the check	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Carr Trust Fund C	ipaign Financ	cing	\$5.00 May Be Added to Fees	Floric	ke check payable to da Department of S	tate V 10
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12. I nereby certify that the information supplied with this filling 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 eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME PYSIGNATURE OFFICER OR DIVECTOR

3-17-08

954-584-5258

Daytime Phone #