2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 15, 2004 8:00 am DOCUMENT # P00000084994 **Secretary of State** 1. Entity Name 03-15-2004 90032 028 ***150.00 GRANDE COURT KISSIMMEE, INC. Principal Place of Business Mailing Address 701 BRICKELL AVE STE 1400 701 BRICKELL AVE STE 1400 MIAMI FL 33131-2822 MIAMI FL 33131-2822 2. Principal Place of Business 3. Mailing Address 703 Waterford Way 703 Waterford Way Suite Apt # etc. Suite 800 ^{Suite} Apt. # 800 CR2E034 (11/03) City & State Miami, FL 4. FEI Number Applied For City & State 65-1042496 Miami, FLNot Applicable Country Country \$8.75 Additional ^Z∮3126 Z33126 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STOSIK, VICTOR L Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE STE 1400 <u>703 Waterford Way</u> MIAMI FL 33131-2822 Suite 800 Zip Code 33<u>126</u> Miami 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VD ☐ Delete Change ☐ Addition TITLE TITLE COURTELIS, KIKI L NAME NAME 703 Waterford Way, Suite 800 701 BRICKELL AVE STE 1400 STREET ADDRESS STREET ADDRESS Miami. ${ m FL}$ 33126 MIAMI FL 33131-2822 CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change **EVP** TITLE Addition TITLE VASSILAROS, ELIAS NAME NAME 703 Waterford Way, Suite 800 STREET ADDRESS STREET ADDRESS 701 BRICKELL AVE STE 1400 MIAMI FL 33131-2822 CITY-ST-ZIP Miami, FL 33126 CITY-ST-ZIP ☐ Addition TITLE PD ☐ Delete NAME NAME DOUGLAS, PITTS 703 Waterford Way, Suite 800 STREET ADDRESS 701 BRICKELL AVENUE SUITE 1400 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131-2822 CITY-ST-7IP Miami, FL 33126 Change . ☐ Delete TITLE Addition TITLE KURPS, JAMES NAME 703 Waterford Way, Suite 800 701 BRICKELL AVE STE 1400 STREET ADDRESS STREET ADDRESS Miami, FL 33126 MIAMI FL 33131-2822 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE PRIDGEN, DOUGLAS H NAME NAME 701 BRICKELL AVE STE 1400 703 Waterford Way, Suite 800 STREET ADDRESS STREET ADDRESS MIAMI FL 33131-2822 Miami, FL 33126 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 repeiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

with all other like empowered

changed, or on an attach

SIGNATURE:

FILED