


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P02000033077							
1. Entity Name GRANDE COURT NORTH PORT, INC.							
Principal Place of Business 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126			Mailing Address 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 01-0678558			
				Applied For Not Applicable			
				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				
STOSIK, VICTOR L 703 WATERFORD WAY SUITE 800 MIAMI, FL 33126			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PITTS, W. DOUGLAS		NAME	U00000910901			
STREET ADDRESS	703 WATERFORD WAY SUITE 800		STREET ADDRESS	05/07/08-80019-005 150.00			
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COURTELIS, KIKI L		NAME				
STREET ADDRESS	703 WATERFORD WAY STE 800		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	VASSILAROS, ELIAS		NAME				
STREET ADDRESS	703 WATERFORD WAY STE 800		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KURPS, JAMES		NAME				
STREET ADDRESS	703 WATERFORD WAY STE 800		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PRIDGEN, DOUGLAS H		NAME				
STREET ADDRESS	703 WATERFORD WAY STE 800		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33126		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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.							
SIGNATURE: _____			Date: 4/14/08				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Douglas H. Pridgen, Treasurer							
<small>Daytime Phone #</small>							