2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143618

Entity Name: GRANDE PALMS AT TRADITION, INC.

1025 KANE CONCOURSE, SUITE 215

BAY HARBOR ISLANDS, FL 33154

Address: City-St-Zip: FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
C/O HOWARD D. COHEN 1025 KANE CONCOURSE, SUITE 215 BAY HARBOR ISLAND, FL 33154				1025 KANE CONCOURSE, SUITE 215 BAY HARBOR ISLAND, FL 33154		
Current Mailing Address:				New Mailing Address:		
C/O HOWARD D. COHEN 1025 KANE CONCOURSE, SUITE 215 BAY HARBOR ISLAND, FL 33154				1025 KANE CONCOURSE, SUITE 215 BAY HARBOR ISLAND, FL 33154		
FEI Number:	: 71-1017823	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C/O HOW, 1025 KANI BAY HARE	HOWARD D ARD D. COHE E CONCOURS BOR ISLAND, F	E, SUITE 215 FL 33154 US				
	enamed entity s e of Florida.	submits this statement for the p	purpose of	changing its registe	red office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	COHEN, HOWA 1025 KANE CO	Delete RD D NCOURSE, SUITE 215 SLANDS, FL 33154		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	COHEN, KENNE 1025 KANE CO	Delete ETH J NCOURSE, SUITE 215 SLANDS, FL 33154		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	V ()	Delete		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KENNETH J COHEN ST 04/13/2009