

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01977

**Entity Name:** GRENADIER LAKES AT WELLEBY CONDOMINIUM, INC.

**Current Principal Place of Business:**

GRENADIER LAKES @ WELLEBY CONDO ASSN.  
C/O WEST BROWARD COMMUNITY MANAGEMENT 820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317

**Current Mailing Address:**

GRENADIER LAKES @ WELLEBY CONDO ASSN.  
C/O WEST BROWARD COMMUNITY MANAGEMENT 820 SOUTH STATE  
ROAD 7  
PLANTATION, FL 33317 US

**FEI Number:** 59-2816763

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEST BROWARD COMMUNITY MANAGEMENT  
820 SOUTH STATE ROAD 7  
PLANTATION, FL 33317 US

*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.*

**SIGNATURE:** ANGELA FIORE

04/03/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER, SECRETARY  
Name            CARDENAS, LIZETH  
Address        GRENADIER LAKES @ WELLEBY  
                 CONDO ASSN.  
                 C/O WEST BROWARD COMMUNITY  
                 MANAGEMENT 820 SOUTH STATE  
                 ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title            DIRECTOR  
Name            WELSH, RYAN  
Address        GRENADIER LAKES @ WELLEBY  
                 CONDO ASSN.  
                 C/O WEST BROWARD COMMUNITY  
                 MANAGEMENT 820 SOUTH STATE  
                 ROAD 7  
City-State-Zip: PLANTATION FL 33317

Title            PRESIDENT  
Name            MUNOZ, PATRICIA  
Address        GRENADIER LAKES @ WELLEBY  
                 CONDO ASSN.  
                 C/O WEST BROWARD COMMUNITY  
                 MANAGEMENT 820 SOUTH STATE  
                 ROAD 7  
City-State-Zip: PLANTATION FL 33317

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA MUNOZ

PRESIDENT

04/03/2024

Electronic Signature of Signing Officer/Director Detail

Date