

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90059 036 ****61.25

DOCUMENT # 752268
 1. Entity Name
THE GRANDVIEW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**741 S COLLIER BLVD
 MARCO ISLAND, FL 34145**

Mailing Address
**P.O. BOX 39
 MARCO, FL 34146**

40061589



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03262008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-2152410

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WILL, JEFFREY
 601 ELKAM CIRCLE, B-16
 MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MEADOWS, JOHN | |
| STREET ADDRESS | 5 DRAPER STREET | |
| CITY-ST-ZIP | NATICK, MA 01760 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WITHERINGTON, CHARLES | |
| STREET ADDRESS | 142 BASTILLE CT | |
| CITY-ST-ZIP | WILLIAMSBURG, VA 23185 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | DURFEE, JAMES | |
| STREET ADDRESS | 77 WENTWORTH AVE | |
| CITY-ST-ZIP | LOWELL, MA 01852 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SAWYER, RICHARD | |
| STREET ADDRESS | 115 WENDELL TERRACE | |
| CITY-ST-ZIP | SYRACUSE, NY 13203 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DAVIS, STEWART W | |
| STREET ADDRESS | 741 S. COLLIER BLVD. | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffrey Will* **Jeffrey Will, Not Agent** Date: **4/1/08** (239) 394-1101