

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90015 034 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G96192**

1. Corporation Name  
**GROSSE POINTE RESIDENTS', INC.**



Principal Place of Business 9900 ULMERTON RD. LOT 242 LARGO FL 33771 US	Mailing Address 9900 ULMERTON RD. LOT 242 LARGO FL 33771 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>9900 ULMERTON RD</b>	26 <b>9900 ULMERTON RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>LOT 242</b>	27 <b>LOT 242</b>
City & State	City & State
23 <b>LARGO FL</b>	28 <b>LARGO FL</b>
Zip Country	Zip Country
24 <b>33771 USA</b>	29 <b>33771 USA</b>

3. Date Incorporated or Qualified <b>04/13/1984</b>	4. FEI Number <b>59-2500270</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**FORD, EDWIN I.**  
**2310 WEST BAY DRIVE**  
**LARGO FL 34840**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARCE, EARL W.	1.2 NAME	
STREET ADDRESS	<b>LOT 224</b> 9900 ULMERTON ROAD	1.3 STREET ADDRESS	<b>LOT 242</b>
CITY-ST-ZIP	LARGO FL 33771	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSCHINI, SILIO A	2.2 NAME	
STREET ADDRESS	9900 ULMERTON RD LOT 247	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHLBERG, BARBARA	3.2 NAME	
STREET ADDRESS	<b>LOT 19</b> 9900 ULMERTON RD.	3.3 STREET ADDRESS	<b>LOT 12</b>
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILLARGEON, ROBERT	4.2 NAME	<b>ROEN CASEAU</b>
STREET ADDRESS	9900 ULMERTON LOT 64	4.3 STREET ADDRESS	<b>9900 ULMERTON RD, LOT 222</b>
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	<b>LARGO FL 33771</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASTINGS, BERNIE	5.2 NAME	<b>GLENN CHESNEY</b>
STREET ADDRESS	LOT J 9900 ULMERTON RD.	5.3 STREET ADDRESS	<b>9900 ULMERTON RD, LOT 231</b>
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	<b>LARGO FL 33771</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COUILLARD, LILIANE	6.2 NAME	<b>JEEP SANDAGE</b>
STREET ADDRESS	LOT 209 9900 ULMERTON RD.	6.3 STREET ADDRESS	<b>9900 ULMERTON RD, LOT 208</b>
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	<b>LARGO FL 33771</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Earl W. Pearce Date: Jan 11/99 588-0470 Daytime Phone #

CR2E034 (1/98)