


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N0000001819 1. Entity Name GRAND POINTE EAST HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 220 W GARDEN ST, SUITE 605 PENSACOLA, FL	Mailing Address 220 W GARDEN ST, SUITE 605 PENSACOLA, FL
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3751114	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SYLTE, THOMAS W
 220 W GARDEN ST, SUITE 605
 PENSACOLA, FL

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000224367
 02/10/05-80084-014 70 00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEK, ABBIE E P O BOX 230 PENSACOLA, FL 32591
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, JOHN S 17 W CEDAR ST PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLTE, THOMAS W P O BOX 230 PENSACOLA, FL 32591
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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:  **2-3-05** **850-434-6830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #