


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90159 044 ****70.00

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1. Entity Name
GRAND POINTE EAST HOMEOWNERS ASSOCIATION, INC.




Principal Place of Business
**220 W GARDEN ST, SUITE 605
 PENSACOLA, FL**

Mailing Address
**220 W GARDEN ST, SUITE 605
 PENSACOLA, FL**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

QUUBDIOA



04272006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-3751114

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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	D	<input checked="" type="checkbox"/> Delete
NAME	MEEK, ABBIE E	
STREET ADDRESS	P O BOX 230	
CITY-ST-ZIP	PENSACOLA, FL 32591	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, JOHN S	
STREET ADDRESS	17 W CEDAR ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	SYLTE, THOMAS W	
STREET ADDRESS	P O BOX 230	
CITY-ST-ZIP	PENSACOLA, FL 32591	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan Zeil	
STREET ADDRESS	P.O. Box 230	
CITY-ST-ZIP	Pensacola, Florida 32591	
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: *T. W. Sylte* **4-27-06** **850-434-6830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #