


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90201 005 ****61.25

DOCUMENT # N00000001819

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**

50001522

2. Principal Place of Business - No P.O. Box #
1719 N 9th Ave

3. Mailing Address
1719 N 9th Ave

Suite, Apt. #, etc.

City & State
Pensacola, FL

City & State
Pensacola, FL

Zip
32503

Country
USA



03312007 Chg-NP CR2E037 (12/06)

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 **Realty Masters of FL**

Street Address (P.O. Box Number is Not Acceptable)
1719 N 9th Ave.

City **Pensacola** FL Zip Code **32503**

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 *Pamela A. Keen* **Pamela A. Keen** **4/11/07**

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Bout, Troy 1245 Autumn Breeze Cir. Gulf Breeze, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McCabe, Judy 1373 Autumn Breeze Cir Gulf Breeze, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Miller, Sue P.O. Box 1746 Gulf Breeze, FL 32562 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Doughty, Thomas 1313 Autumn Breeze Circle Gulf Breeze, FL 32563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judith A. McCabe* **JUDITH A. McCABE** **4/13/07** **8509322959**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #