
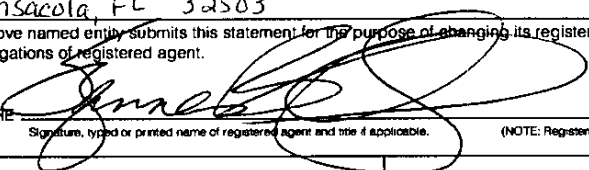
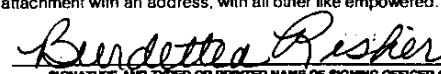


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90019 030 \*\*\*\*61.25

<b>DOCUMENT # N00000001819</b>			
1. Entity Name GRAND POINTE EAST HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 1719 N 9TH AVE - 25 W. GOVERNMENT PENSACOLA, FL 32503-32502		Mailing Address 1719 N 9TH AVE - 25 W. GOVERNMENT PENSACOLA, FL 32503-32502	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04092008		Chg-NP	CR2E037 (12/06)
4. FEI Number 59-3751114		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name Reality Masters of FL 1719 N. 9th Avenue Pensacola, FL 32503		Name Suzanne Blankenship, Esq Street Address (P.O. Box Number is Not Acceptable) 25 W. Government Street Pensacola City FL Zip Code 32502	
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: 4-11-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: ZEIL, JOAN STREET ADDRESS: P O BOX 230 CITY-ST-ZIP: PENSACOLA, FL 32591	<input type="checkbox"/> Delete	TITLE: D NAME: MARY KING STREET ADDRESS: 2641 DAYTIME CT. CITY-ST-ZIP: GULF BREEZE, FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: BOUT, TROY STREET ADDRESS: 1245 AUTUMN BREEZE CIR CITY-ST-ZIP: GULF BREEZE, FL 32563	<input type="checkbox"/> Delete	TITLE: P NAME: BURDETTEA RISHER STREET ADDRESS: 2650 SPRINGTIME CT CITY-ST-ZIP: GULF BREEZE, FL 32563	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: MCCABE, JUDY STREET ADDRESS: 1373 AUTUMN BREEZE CIR CITY-ST-ZIP: GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: MILLER, SUE STREET ADDRESS: PO BOX 746 CITY-ST-ZIP: GULF BREEZE, FL 32562	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: DOUGHTY, THOMAS STREET ADDRESS: 1313 AUTUMN BREEZE CIR CITY-ST-ZIP: GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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: 		DATE: 4/8/08 (850) 916-0683	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	