

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001819

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: GRAND POINTE EAST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1719 N 9TH AVE  
PENSACOLA, FL 32503

**New Principal Place of Business:**

1297 AUTUMN BREEZE CIRCLE  
GULF BREEZE, FL 32563

**Current Mailing Address:**

1719 N 9TH AVE  
PENSACOLA, FL 32503

**New Mailing Address:**

2650 SPRINGTIME COURT  
GULF BREEZE, FL 32563

FEI Number: 59-3751114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLANKENSHIP, SUZANNE ESQ  
25 W. GOVERNMENT STREET  
PENSACOLA  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ZEIL, JOAN  
Address: P O BOX 230  
City-St-Zip: PENSACOLA, FL 32591

Title: T ( ) Delete  
Name: BOUT, TROY  
Address: 1245 AUTUMN BREEZE CIR  
City-St-Zip: GULF BREEZE, FL 32563

Title: P ( ) Delete  
Name: BURDETTEA, RISHER  
Address: 2650 SPRINGTIME CT.  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP ( ) Delete  
Name: DOUGHTY, THOMAS  
Address: 1313 AUTUMN BREEZE CIR  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete  
Name: KING, MARY  
Address: 2641 DAYTIME CT  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: MCCAIG, DAVID  
Address: 1384 AUTUMN BREEZE CIRCLE  
City-St-Zip: GULF BREEZE, FL 32563

Title: T (X) Change ( ) Addition  
Name: BOUK, TROY  
Address: 1245 AUTUMN BREEZE CIR  
City-St-Zip: GULF BREEZE, FL 32563

Title: P (X) Change ( ) Addition  
Name: BURDETTEA, RISHER  
Address: 2650 SPRINGTIME CT.  
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BURDETTEA RISHER

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date