

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00291 (7)

1. Corporation Name
GRANT STATION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
2180 W STATE RD 434 STE 5000 LONGWOOD FL 32779-5044

Mailing Address
2180 W STATE RD 434 STE 5000 LONGWOOD FL 32779-5044

3. Date Incorporated or Qualified **12/12/1983** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-1513448** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **2007 Winslow Dr** 26 **4524 Curry Ford Rd**

22 Suite, Apt. #, etc. 27 **# 228**

23 City & State **Orlando FL** 28 City & State **Orlando FL**

24 Zip **32812** 25 Country **USA** 29 Zip **32812** 30 Country **USA**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, JESSE	
STREET ADDRESS	2007 PLAINFIELD DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DENNIS, JOAN	
STREET ADDRESS	2106 WINSLOW DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	IBERTIS, PAUL	
STREET ADDRESS	2008 PLAINFIELD DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HAMILTON, GERALD	
STREET ADDRESS	5415 ANDOVER DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WENDT, DITMAR	
STREET ADDRESS	2003 PLAINFIELD DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shannon Lestage	
1.3 STREET ADDRESS	2007 Winslow Dr	
1.4 CITY-ST-ZIP	Orlando FL 32812	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	500001929985	
2.3 STREET ADDRESS	-08/22/96--01015--040	
2.4 CITY-ST-ZIP	***61.25	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	same Gerald Hamilton	
4.3 STREET ADDRESS	5415 Andover Dr	
4.4 CITY-ST-ZIP	Orlando, FL 32812	
5.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	same Dittmar Wendt	
5.3 STREET ADDRESS	2003 Plainfield Dr	
5.4 CITY-ST-ZIP	Orlando FL 32812	
6.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cindy Magliula	
6.3 STREET ADDRESS	2108 Winslow Dr	
6.4 CITY-ST-ZIP	Orlando FL 32812	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cindy Magliula 7/26/96 407-422-8191
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 OS 8/22/96 0000150

CR2E037 (3/96)