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Feb 25, 1999 8:00 am
Secretary of State

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003207/3

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00291

1. Corporation Name

GRANT STATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2003 PLAINFIELD DR
 ORLANDO FL 32812
 US

4524 CURRY FORD RD
 #228
 ORLANDO FL 32812



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/12/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-1513448

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | DITMAR, WENDT | |
| STREET ADDRESS | 2003 PLAINFIELD DR | |
| CITY-ST-ZIP | ORLANDO FL 32812 | |
| TITLE | OT | <input type="checkbox"/> DELETE |
| NAME | HAMILTON, GERALD | |
| STREET ADDRESS | 5415 ANDOVER DR. | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | DVP | <input checked="" type="checkbox"/> DELETE |
| NAME | HAMILTON, MARY | |
| STREET ADDRESS | 5415 ANDOVER DR | |
| CITY-ST-ZIP | ORLANDO FL 32812 | |
| TITLE | DS | <input checked="" type="checkbox"/> DELETE |
| NAME | SCHMIDT, KATHY | |
| STREET ADDRESS | 2204 FAXTON CT | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | CALHOUN, CHARLES A. |
| 3.3 STREET ADDRESS | 5410 ANDOVER DR. |
| 3.4 CITY-ST-ZIP | ORLANDO, FL 32812 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | DS |
| 4.3 STREET ADDRESS | HAMILTON, MARY |
| 4.4 CITY-ST-ZIP | 5415 ANDOVER DR. |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | ORLANDO, FL 32812 |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Katherine Harris
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

407/281-4598

Date

Daytime Phone #