

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90018 029 ****61.25

DOCUMENT # N00291

1. Entity 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 32812-2711

2. Principal Place of Business

3. Mailing Address

5410 Andover Dr.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL 32812

Zip Country
 32812 Orange

4. FEI Number

59-1513448

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DITMAR, WENDT	
STREET ADDRESS	2003 PLAINFIELD DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	OT	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, GERALD	
STREET ADDRESS	5415 ANDOVER DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	CALHOUN, CHARLES A	
STREET ADDRESS	5410 ANDOVER DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, MARY	
STREET ADDRESS	5415 ANDOVER DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES CALHOUN	
STREET ADDRESS	5410 ANDOVER DR.	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	OT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA BURKE	
STREET ADDRESS	5435 PULLMAN DR.	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TED VETTER	
STREET ADDRESS	2005 WINSLOW DR.	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDA BATES	
STREET ADDRESS	2005 FAXTON CT.	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Charles A. Calhoun* **REQUIRED** 1-30-2000 President 407.737.7529
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)