# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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#### **DOCUMENT # N00291**

1. Entity Name

GRANT STATION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2204 FAXTON CT

ORLANDO, FL 32812 US

Mailing Address

P.O. BOX 1465 SANFORD, FL 32771

US

## **FILED** Mar 08, 2006 08:00 AM Secretary of State



02162006 No Cha-NP

CR2E037 (11/05)

4. FEI Number 59-2722976

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALL ABOUT MANAGEMENT, INC. 206 ELM AVENUE SANFORD, FL 32771

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8. The above named entity submits this statement for the pr	urpose of changing its registered	d office or registered agent,	or both, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.				

SIGNATURE

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

(NOTE: Registered Agent signature required when romstating)

 $\Gamma$ 

Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. HILE NAME SCHMIDT, JAMES L STREET ADDRESS 2204 FAXTON CT CITY-ST-ZIP ORLANDO, FL 32812 Tetti F NAVÆ SCHMIDT, KATHRYNE STREET ADORESS 2204 FAXTON CT CITY-ST-ZIP ORLANDO, FL 32812 TITLE NAME VETTER, TED STREET ADDRESS 2005 WINSLOW DR CLTY-ST-ZIP ORLANDO, FE 32812 TITLE NAME BATES, BRENDA STREET ADDRESS 2005 FAXTON CT. CITY-ST-ZIP ORLANDO, FL 32812 NTLE NAME STREET ADORESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

14 (11) 1459731 \$3K18K496-80045-007 61.25

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12. I hereby certify that the information supplied with this filling 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:

SIDENT