


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000007152 Entity Name GRAND OAK CONDOMINIUM ASSOCIATION, INC	
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Principal Place of Business 1801 ILLINOIS STREET ORLANDO, FL 32803	Mailing Address 1801 ILLINOIS STREET ORLANDO, FL 32803
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DO NOT WRITE IN THIS SPACE



07042005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENDICOTT, CYNTHIA J
 1801 ILLINOIS STREET
 ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Cynthia J Endicott* DATE: 7/25/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when refiling)

Filing Fee is \$61.25
Due by September 7, 2005

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

1000000374642
 07/27/05-80001-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ENDICOTT, CYNTHIA J
STREET ADDRESS	1801 ILLINOIS STREET
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	V
NAME	BURNETT, JEROME
STREET ADDRESS	829 ALTA LOMA AVENUE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Cynthia J Endicott* DATE: 7/25/05 321-229-9579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #