


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N04000011506 1. Entity Name GRAND PARK NORTH COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 8625 S.W. 200TH CIRCLE DUNNELLO, FL 34431-5324	Mailing Address 8625 S.W. 200TH CIRCLE DUNNELLO, FL 34431-5324
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 25-1919111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BERTOCH, CARL A 7855 WEST GULF TO LAKE HIGHWAY SUITE 13 CRYSTAL RIVER, FL 34429
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLLINS, J. TIMOTHY 8625 S.W. 200TH CIRCLE DUNNELLO, FL 344315324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MASSANET, TONY 8625 S.W. 200TH CIRCLE DUNNELLO, FL 344315324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD HENRICH, DAWN 8625 S.W. 200TH CIRCLE DUNNELLO, FL 344315324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KYKER, MARTHA A 8625 SW 200TH CIRCLE DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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1100000533017  
05/06/06-80108-012 61.25

12. I hereby certify that the information supplied with this filing 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:  **4/21/06** (352) 489-2525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #