FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 30 1998 8:00am

Secretary of State

Applied For

(850)484-2906

3/12/98

3. Date Incorporated or Qualified

04/23/1997

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N

1. Corporation Name

Principal Place of Business

4300 BAYOU BLVD.

SUITE 12 & 13 PENSACOLA FL 32503

SIGNATURE:

N97000002304 (0)

Mailing Address

4300 BAYOU BLVD.

SUITE 12 & 13 PENSACOLA FL 32503

GRAND MANOR HOMEOWNERS' ASSOCIATION, INC.

											-	Opplied Lot		
									59-3411951			Not Applicable		
2. Principal Place of Business				2e. Mailing Address 26				Certificate of Status Desired			5 Additional Required			
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financing		\$5.0	May Be		
22				27					Trust Fund Contribution		Adde	d to Fees		
City & State				City & State					7. Is this nonprofit corporation a homeowners association?					
23			28	28					☐ Yes ☐ No					
Zip		Country		Zip Country					8. This corporation owes or has paid	d the curre	ent year	Intangible		
24		30	30			Personal Property Tax due June 30. Yes No								
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent					
						81	Nam	ю						
MOORHEAD, STEPHEN R						82 Street Address (P.O. Box Number is Not Acceptable)								
4300 BAYOU BLVD.						02	Street Address (P.O. Box Number is Not Acceptable)							
SUITE 12 & 13						83								
PENSACOLA FL 32503						L		<u>-</u>						
ICIOAC	YOUR IL OP	~~				84	City			FL	85 Z	ip Code		
11 Pureuent t	to the provision	ne of Sections 617 050	2 and 6	17 1508 Florida Statut	tee the	a pov	-nam	od corno	retion submits this statement for the nu		changin	o ite registered		
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.														
agent. I ai	m familiar with	i, and accept the obliga	itions o	f, Section 617.0503, Flo	orida S	Statutes	.							
SIGNATURE_					FF B 1.		-4 -1		when reinstating)	DATE				
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registe 12. OFFICERS AND DIRECTORS 15							n; signa	ura required	ADDITIONS/CHANGES TO OFFICE		DIRECT	OBS IN 12		
TITLE	PD	OT TOLING AND	DINE	DELETE		1 TITLE	-		ADDITIONS/OFFARES TO OFF TOE	113 7110	Chang			
NAME	HARD, C	LH ICK			1	2 NAME		İ						
		LVIEW #5B												
STREET ADDRESS						3 STREET		١,						
CITY-ST-ZIP	VPD	OLA FL 32526		DELETE		4 CITY - S 1 TITLE	T-ZIP			-	Chanc	e Addition		
	*** -	0.000		LJ OELEIE						•	CHAIN	te TT VOOITION		
HAME		R, CHARLES			F -	2 NAME								
STREET ADDRESS		LVIEW #7A				3 STREET		s						
CITY-ST-ZIP		OLA FL 32526		100	_	4 CITY-	T-ZIP	 						
TITLE	SD			DELETE		1 TITLE		5	D		Chang	ge Addition		
NAME		JOSEPHINE				2 NAME			RUCE, TAMMY	eh. 11 %				
STREET ADDRESS		ANGLEWOOD DR.			3.	3 STREET	ADDRES	s 4/4.	30 Bellulew /tue.=	עף				
CITY-ST-ZIP		AL 36606			3.	4. CITY-	T-ZIP	Pe	RUCE TAMMY 30 BeNulew Aue.= NSAcola, Fh. 33	526				
TITLE	TD			☐ DELETE	4.	1 TITLE			,	Į.	Chang	ge Addition		
NAME	Barker,				4.	2 NAME		1						
STREET ADDRESS		LVIEW #6A			4.3	3 STREET	ADDRES	s						
CITY-S1-ZIP				4.	4.4 CITY-ST-ZIP									
TITLE	0			DELETE	5.	1 TITLE			-		Chang	e Addition		
HAME	TIPPENS.	, gary g			5.3	2 NAME								
STREET ADDRESS		YOU BLVD., SUITE 6	В		5.	3 STREET	ADDRES	sÌ						
CITY-S1-ZIP		OLA FL 32503			5.4	4 CITY-S	T- Z IP							
TITLE				☐ DELETE	_	1 TITLE		\neg			Chang	e Addition		
NAME					63	2 NAME					•			
STREET ADDRESS					1	3 STREET	ANDAFO	,]				'		
					0.	PRINCE	- 10-11-17	~ j						

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 attrichment with an address.