## FILE NOW: FILING FEE IS \$61.25 \( \square\$

SIGNATURE:

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB | 1 AM 11:59 DOCUMENT # N97000002304 (0) 1. Corporation Name GRAND MANOR Homeowner's Association, Inc. ALLAHASSEC. FLORIDA Principal Place of Business Mailing Address 4400 BAYOUBLVO 4400 BAYOU BLVD SWIE GB Suite 4B PENSACOLA, FLORUDA 32503 Ponsacola, Florida 2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualifed 21 26 04/23/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 59-3411951 22 27 Not Applicable City & State City & State 8,75 Additional 5. Certificate of Status Desired 23 Fee Required 28 Country Country \$5.00 May Be 6. Election Campaign Financing 24 25 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name Moore Head, STEPHENR. 82 Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD. 60000278047<del>6--8</del> -02/19/99--01040--002 Suite 12+13 83 Pensacok, Floreda 32503 84 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submitts this statement for the purpose of changing its register 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 SIGNATURE name of registered agent and tale if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [ ] DELETE TITLE  $\mathfrak{P}$ [ | Change Addition HARD, CHUCK 1434 BELLVIEW #5B PERSACOLA, FL. 32584 NAME 1.2 NAME CR2E037 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 14 CiTY-ST-ZiP FIDELETE TITLE [ | Change ☐ Addition NAME where, charles 2.2 NAME 4452 Billiam 74 Persaula, Dl. 32534 STREET ADDA 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-79 [] DELETE TITLE 3 1 TITLE [ | Change [ ] Addition  $\tau_0$ NAME BARKER, Bewen 444 Bellwer #6A Pemacola, 21, 32526 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TITLE 4 1 TITLE [] Change [] Addition Tipoens, Lary D. 4400 Bayou Blud ,STE 6B Pemacela, Ol. 32503 NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTy - S1 - ZiP TITLE 5.1 TiTLE BRUCE, TAMMY 4VE, #40 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP Rensacere 21. 30524 5.4 CITY-ST-ZIP [] DELETE 6 1 TITLE TITLE [ | Change [ ] Addition NAME 6.2 NAME 6.3 STREET ADORESS STREET ADDRESS CITY+ST-ZIP 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 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 oats, 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 attachment with an address, with all other like empowered.