


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90044 006 ****61.25

DOCUMENT # N97000002304					
1. Entity Name GRAND MANOR HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 220 WEST GARDEN ST., #303 PENSACOLA, FL 32501 US			Mailing Address P.O. BOX 30038 PENSACOLA, FL 32503-1038 US		
2. Principal Place of Business		3. Mailing Address		01102005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
4. FEI Number 59-3411951		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
WILKEN, CAROL 220 W. GARDEN ST SUITE 303 PENSACOLA, FL 32502		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOSEY, SALLY	NAME			
STREET ADDRESS	PO BOX 16091	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEPHENS, TEXANN	NAME	Stephens, Texann		
STREET ADDRESS	4420 BELLVIEW	STREET ADDRESS	4420 Bellview		
CITY-ST-ZIP	PENSACOLA, FL 32528	CITY-ST-ZIP	Pensacola, FL 32526		
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLACKWELL, DEVOE	NAME	Sims, Oscar		
STREET ADDRESS	4418 BELLVIEW	STREET ADDRESS	4444 Bellview		
CITY-ST-ZIP	PENSACOLA, FL 32528	CITY-ST-ZIP	Pensacola, FL 32526		
TITLE	PD <input type="checkbox"/> Delete	TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEEVY, MARGARET	NAME	Peevy, Margaret		
STREET ADDRESS	4418 BELLVIEW	STREET ADDRESS	4418 Bellview		
CITY-ST-ZIP	PENSACOLA, FL 32528	CITY-ST-ZIP	Pensacola, FL 32526		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 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: <i>Texann Stephens</i>		Date: <i>1-12-04</i>		Daytime Phone #: <i>850 941-2024</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	