


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90031 017 ****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		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3411951	
				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			7. Name and Address of New Registered Agent		
<i>wilkes</i> WILKEN, CAROL <i>Carol Wilkes</i> 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 re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEPHENS, TEXANN	NAME			
STREET ADDRESS	4420 BELLVIEW	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SIMS, OSCAR	NAME	Blackwell, Devoe		
STREET ADDRESS	4444 BELLVIEW	STREET ADDRESS	4416 Bellview		
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP	Pensacola, FL 32526		
TITLE	TD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PEEVY, MARGARET	NAME	Peevy, Margaret		
STREET ADDRESS	4418 BELLVIEW	STREET ADDRESS	4418 Bellview		
CITY-ST-ZIP	PENSACOLA, FL 32526	CITY-ST-ZIP	Pensacola, FL 32526		
TITLE	<input type="checkbox"/> Delete	TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Williams, Sonia		
STREET ADDRESS		STREET ADDRESS	4434 Bellview		
CITY-ST-ZIP		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			
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: <i>Margaret Peevy</i> Margaret Peevy		Date: 14 Jan '06		Daytime Phone #: 850-941-0315	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					