


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90090 034 ****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 - No P.O. Box #
4400 Bellview

3. Mailing Address
 Suite, Apt. #, etc.

02232007 Chg-NP CR2E037 (12/06)

City & State
Pensacola FL

City & State
 City & State

Zip
32506 Country

Zip Country

4. FEI Number
59-3411951

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WILKES, CAROL
 220 W. GARDEN ST
 SUITE 303
 PENSACOLA, FL 32502**

7. Name and Address of New Registered Agent

Name
Susan Moody

Street Address (P.O. Box Number is Not Acceptable)
220 West Garden Street Suite 303

City
Pensacola FL Zip Code
32502

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 *Susan J. Moody* DATE 2-27-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LOSEY, SALLY PO BOX 16091 PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENS, TEXANN 4420 BELLVIEW PENSACOLA, FL 32526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BLACKWELL, DEVOE 4444 BELLVIEW PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEEVY, MARGARET 4418 BELLVIEW PENSACOLA, FL 32526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAMS, SONIA 4434 BELLVIEW PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Fountain - D 4444 Bellview Lane # 6A Pensacola, FL 32526	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	mae Blackwell - T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Texann Stephens, Pres.* 4-24-07