

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90040 010 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3411951**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORHEAD, STEPHEN R
4300 BAYOU BLVD.
SUITE 12 & 13
PENSACOLA FL 32503**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD	<input checked="" type="checkbox"/> Delete
NAME WHEELER, CHARLES	
STREET ADDRESS 4452 BELLVIEW #7A	
CITY-ST-ZIP PENSACOLA FL 32528	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME BARKER, BEULAH	
STREET ADDRESS 444 BELLEVIEW #8A	
CITY-ST-ZIP PENSACOLA FL 32528	
TITLE PD	<input type="checkbox"/> Delete
NAME BLACKWELL, DEVOE	
STREET ADDRESS 4416 BELLVIEW	
CITY-ST-ZIP PENSACOLA FL 32528	
TITLE SD	<input type="checkbox"/> Delete
NAME PEAVY, MARGARET	
STREET ADDRESS 4418 BELLVIEW	
CITY-ST-ZIP PENSACOLA FL 32528	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JANE LUKE	
STREET ADDRESS 4436 BELLVIEW	
CITY-ST-ZIP PENSACOLA, FL 32526	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TRAYANN STEPHENS	
STREET ADDRESS 4420 BELLVIEW	
CITY-ST-ZIP PENSACOLA, FL 32526	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VP/D	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P/DIR PEAVY, MARGARET	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Margaret Peavy* **SIGNATURE REQUIRED** 5 Jan '03 850-441-0315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)