


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N9800002325		
1. Entity Name GRANDEUR PROPERTY OWNERS' ASSOCIATION, INC.		
Principal Place of Business 14101 GRANDEUR DADE CITY, FL 33525	Mailing Address 14101 GRANDEUR DADE CITY, FL 33525	



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3554326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHNSON, LEONARD H 37837 MERIDIAN AVE.,STE.314 DADE CITY, FL 33525
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARBER, BARBARA J 14101 GRANDEUR WAY DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLWOOLY, KATHLEEN 14043 GRANADEUR WAY DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARBER, PHILIP T 14101 GRANDEUR DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCKRELL, JEFFREY 14050 GRANDEUR WAY DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCKRELL, JENNIFER 14050 GRANDUER WAY DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, JENNIFER 801 SENECA RD VENICE, FL 34293

U00000218990
02/08/05-80009-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara J Barber / President 2/3/05 352-518-2667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #