2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002325

FILED Jan 20, 2009 Secretary of State

Entity Name: GRANDEUR PROPERTY OWNERS' ASSOCIATION, INC.

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
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| | RANDEUR FY, FL 33525 | | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| | KANDEUR TY, FL 33525 | | | | |
| El Number | r: 59-3554326 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | d Address of C | urrent Registered Agent: | Name and Address of | of New Registered Agent: | |
| 37837 ME | N, LEONARD H RIDIAN AVE.,S ГҮ, FL 33525 | | | | |
| | e named entity s e of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electron | ic Signature of Registered Age | ent | Date | |
| | | | | | |
| OFFICER | S AND DIREC | TORS: | ADDITIONS/CHANG | ES TO OFFICERS AND DIRECTORS | |
| itle: lame: lddress: | | Delete IP EUR WAY | ADDITIONS/CHANG Title: Name: Address: City-St-Zip: | ES TO OFFICERS AND DIRECTORS () Change () Addition | |
| ritle: lame: kddress: City-St-Zip: ritle: lame: kddress: | P () BARBER, PHILI 14101 GRANDE DADE CITY, FL | Delete IP EUR WAY 33523 Delete ONALD A CIRCLE | Title: Name: Address: | | |
| DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Dity-St-Zip: | P () BARBER, PHILI 14101 GRANDE DADE CITY, FL VP () CAPLINGER, R 13248 PALMILL DADE CITY, FL | Delete IP EUR WAY 33523 Delete ONALD A CIRCLE 33525 Delete THERINE R EUR WAY | Title: Name: Address: City-St-Zip: Title: Name: Address: | () Change () Addition | |
| Title: Jame: J | P () BARBER, PHILI 14101 GRANDE DADE CITY, FL VP () CAPLINGER, R 13248 PALMILL DADE CITY, FL SD () GILLOOLY, KA 14043 GRANDE DADE CITY, FL | Delete P EUR WAY 33523 Delete ONALD A CIRCLE 33525 Delete THERINE R EUR WAY 33525 Delete JENNIFER EUR WAY | Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: | () Change () Addition () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE GILLOOLY SD 01/20/2009