


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Jun 16, 2006 8:00 am
Secretary of State

05-11-2006 90243 030 ****61.25

DOCUMENT # N04000001023 1. Entity Name GRAND COVE OWNER'S ASSOCIATION, INC.					
Principal Place of Business 506 HWY 98 DESTIN FL 32541			Mailing Address 506 HWY 98 DESTIN FL 32541		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0683172	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LARSH, DAWNE 12815 EMERALD COAST PKWY STE 124 DESTIN FL 32550 <i>Stephen J. Abbott</i> <i>506 Hwy 98 E Destin, FL 32541</i>				7. Name and Address of New Registered Agent 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 <u><i>Stephen J. Abbott, Pres.</i></u> <u><i>Stephen J. Abbott</i></u> <u><i>6/12/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature is required when terminating)</small>					
FILE NOW: 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 VD NAME KISH, ALEX STREET ADDRESS 1715 DRIFTWOOD POINT RD CITY- ST- ZIP SANTA ROSS BEACH FL 32459	<input type="checkbox"/> Delete		TITLE SD NAME GARY BRIELMAYER STREET ADDRESS 1641 DRIFTWOOD POINT RD CITY- ST- ZIP SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME ABBOTT, STEPHEN J STREET ADDRESS 506 HWY 98 EAST CITY- ST- ZIP DESTIN FL 32541	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME PERK, SANDY STREET ADDRESS 1780 DRIFTWOOD PT RD CITY- ST- ZIP SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TD NAME HIGHTOWER, ED STREET ADDRESS 1780 DRIFTWOOD PT RD CITY- ST- ZIP SANTA ROSA BEACH FL 32459	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<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 Section 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: <u><i>Sandra R. Perk</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>5/5/06</i></u> Daytime Phone # <u><i>850-622-2262</i></u>		