

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00291

**Entity Name:** GRANT STATION HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2500 W. LAKE MARY BLVD  
SUITE 208  
LAKE MARY, FL 32746

**Current Mailing Address:**

P O BOX 1569  
SANFORD, FL 32772 US

**FEI Number:** 59-2722976

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALL ABOUT MANAGEMENT, INC.  
2500 W. LAKE MARY BLVD  
SUITE 208  
LAKE MARY, FL 32746 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HANSEN, GLENN H  
Address P. O BOX 1569  
City-State-Zip: SANFORD FL 32772

Title S  
Name BATES, BRENDA  
Address P. O BOX 1569  
City-State-Zip: SANFORD FL 32772

Title TREASURER  
Name ROBERTS, BREANNA  
Address PO BOX 1569  
City-State-Zip: SANFORD FL 32772

Title DIRECTOR  
Name PUENTE, CARLOS  
Address P O BOX 1569  
City-State-Zip: SANFORD FL 32772

Title DIRECTOR  
Name PARKER, JOHN  
Address P O BOX 1569  
City-State-Zip: SANFORD FL 32772

*I hereby 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 all other like empowered.*

**SIGNATURE:** GLENN HANSEN

**PRESIDENT**

**04/23/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date