

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AK)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90014 025 *****61.25

DOCUMENT # 703625

1. Entity Name

GRANDIN LAKE SHORES ASSOCIATION, INC.



Principal Place of Business

P O BOX 369
INTERLACHEN FL 32148

Mailing Address

P O BOX 369
INTERLACHEN FL 32148



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-0951388

Applied For

Not Applicable

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

HILLIARD, KRIS
431 HOLIDAY DRIVE
INTERLACHEN FL 32148

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

Kris Hilliard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

3/26/07

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 NAME STREET ADDRESS CITY ST ZIP | D MCCOY, ROBERT 750 LAKE SHORE TER INTERLACHEN FL 32148 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D BUNCH, PAUL 128 LAKE SHORE TER INTERLACHEN FL 32148 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | D. Michael Walker 208 OAK DR Interlachen, FL 32148 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | P HILLIARD, KRIS 431 HOLIDAY DR. INTERLACHEN FL 32148 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D WOODARD, LA VERN 812 LAKE SHORE TER. INTERLACHEN FL 32148 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VD ETCHER, DONALD 408 HOLIDAY DR INTERLACHEN FL 32148 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D MATCHETT, CATHY 724 LAKE SHORE TERR. INTERLACHEN FL 32148 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY ST ZIP | D Ann Sams 802 Lake Shore Ter Interlachen, FL 32148 | <input type="checkbox"/> Change <input checked="" 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:

Kris Hilliard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

(386)684-0172

Daytime Phone #