

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0951388	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

**HILLIARD, KRIS
431 HOLIDAY DRIVE
INTERLACHEN, FL 32148**

**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 Kris Hilliard Kris Hilliard 7/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCOY, ROBERT
STREET ADDRESS	750 LAKE SHORE TER
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	D
NAME	WALKER, MICHAEL
STREET ADDRESS	208 OAK DR
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	P
NAME	HILLIARD, KRIS
STREET ADDRESS	431 HOLIDAY DR.
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	D
NAME	WOODARD, LA VERN
STREET ADDRESS	812 LAKE SHORE TER.
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	VD
NAME	ETCHER, DONALD
STREET ADDRESS	408 HOLIDAY DR
CITY-ST-ZIP	INTERLACHEN, FL 32148
TITLE	D
NAME	SAMS, ANN
STREET ADDRESS	802 LAKE SHORE TER
CITY-ST-ZIP	INTERLACHEN, FL 32148

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07/14/08-80004-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Kris Hilliard 7/11/08 (386)684-0172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #