

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703625

FILED
Mar 23, 2009
Secretary of State

Entity Name: GRANDIN LAKE SHORES ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 369
INTERLACHEN, FL 32148

New Principal Place of Business:

418 LAKE SHORE TERRACE
INTERLACHEN, FL 32148

Current Mailing Address:

P O BOX 369
INTERLACHEN, FL 32148

New Mailing Address:

FEI Number: 59-0951388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLIARD, KRIS
431 HOLIDAY DRIVE
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

HILLIARD, KRIS PRES.
431 HOLIDAY DRIVE
INTERLACHEN, FL 32148 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: KRISTOPHER HILLIARD

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCCOY, ROBERT
Address: 750 LAKE SHORE TER
City-St-Zip: INTERLACHEN, FL 32148

Title: D () Delete
Name: WALKER, MICHAEL
Address: 208 OAK DR
City-St-Zip: INTERLACHEN, FL 32148

Title: P () Delete
Name: HILLIARD, KRIS
Address: 431 HOLIDAY DR.
City-St-Zip: INTERLACHEN, FL 32148

Title: D () Delete
Name: WOODARD, LA VERN
Address: 812 LAKE SHORE TER.
City-St-Zip: INTERLACHEN, FL 32148

Title: VD () Delete
Name: ETCHER, DONALD
Address: 408 HOLIDAY DR
City-St-Zip: INTERLACHEN, FL 32148

Title: D () Delete
Name: SAMS, ANN
Address: 802 LAKE SHORE TER
City-St-Zip: INTERLACHEN, FL 32148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOODARD, GLENDA
Address: 812 LAKE SHORE TER
City-St-Zip: INTERLACHEN, FL 32148

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ETCHER, DONALD MR.
Address: 408 HOLIDAY DR
City-St-Zip: INTERLACHEN, FL 32148

Title: D (X) Change () Addition
Name: SPOTNAGLE, ANN MRS.
Address: 848 LAKE SHORE TER
City-St-Zip: INTERLACHEN, FL 32148

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: KRISTOPHER HILLIARD

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date