

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730719 (2)
1. Corporation Name
GRANDVIEW HEIGHTS HOMEOWNERS' ASSOCIATION INC.



Principal Place of Business: P O BOX 601, CRESTVIEW FL 32536
Mailing Address: P O BOX 601, CRESTVIEW FL 32536

3. Date Incorporated or Qualified: **09/18/1974**
3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2370369		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. City & State		28. City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THARP, GEORGE 1410 GRANDVIEW DR CRESTVIEW FL 32539				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THARP, GEORGE	1.2 NAME	
STREET ADDRESS	1410 GRANDVIEW DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL 32539	1.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, FB	2.2 NAME	
STREET ADDRESS	1312 GRANDVIEW DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDY, JIM	3.2 NAME	
STREET ADDRESS	6053 DOGWOOD DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL 32539	3.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THARP, EVONNE	4.2 NAME	SECRETARY
STREET ADDRESS	1410 GRANDVIEW DRIVE	4.3 STREET ADDRESS	SCHWARTZ, BAE
CITY - ST - ZIP	CRESTVIEW FL 32539	4.4 CITY - ST - ZIP	1408 GRANDVIEW DRIVE
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALT, KEITH	5.2 NAME	
STREET ADDRESS	1425 QUAIL RIDGE DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, RICHARD	6.2 NAME	
STREET ADDRESS	210 WHEELER PLACE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTVIEW FL 32539	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Tharp Date: 2-9-96 Daytime Phone #: 904-682-5200

CR2E037 (12/95)