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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32536-0601
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3. Date Incorporated or Qualified 09/18/1974	3a. Date of Last Report 02/16/1996
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21. Principal Place of Business Suite, Apt #, etc.	22. Mailing Address Suite, Apt #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

4. FEI Number 59-2370369	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**THARP, GEORGE
1410 GRANDVIEW DR
CRESTVIEW FL 32539**

10. Name and Address of New Registered Agent
81 Name **RICHARD S BRIGGS**
82 Street Address (P.O. Box Number is Not Acceptable)
110 OVERVIEW DRIVE
83
84 City **CRESTVIEW** **FL** 85 Zip Code **32539**

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 Richard S. Briggs Richard S. Briggs 22 Feb 97
Signature, typed or printed name of registered agent and, if applicable, Date Agent Signature (required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	THARP, GEORGE
STREET ADDRESS	1410 GRANDVIEW DRIVE
CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	T <input type="checkbox"/> DELETE
NAME	MCCARTHY, FB
STREET ADDRESS	1312 GRANDVIEW DR
CITY-ST-ZIP	CRESTVIEW FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	LUNDY, JIM
STREET ADDRESS	6053 DOGWOOD DRIVE
CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	S <input type="checkbox"/> DELETE
NAME	SCHWARTZ, RAE
STREET ADDRESS	1408 GRANDVIEW DR
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALT, KEITH
STREET ADDRESS	1425 QUAIL RIDGE DR
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SANCHEZ, RICHARD
STREET ADDRESS	210 WHEELER PLACE
CITY-ST-ZIP	CRESTVIEW FL 32539

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRIGGS, RICHARD S
1.3 STREET ADDRESS	110 OVERVIEW DRIVE
1.4 CITY-ST-ZIP	CRESTVIEW FL 32539
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BUESS, PAUL L
3.3 STREET ADDRESS	101 OAKCREST DR
3.4 CITY-ST-ZIP	CRESTVIEW FL 32539
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LUKE, MICHAEL
5.3 STREET ADDRESS	5631 PARK PLACE
5.4 CITY-ST-ZIP	CRESTVIEW, FL 32539
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BECKUM, MELVYN
6.3 STREET ADDRESS	5633 PARK PLACE
6.4 CITY-ST-ZIP	CRESTVIEW FL 32539

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard S. Briggs Richard S. Briggs 22 Feb 97 (904) 682-8103
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0023159

CR2E037 (9/96)