## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

## GRANDVIEW HEIGHTS HOMEOWNERS' ASSOCIATION INC.

SIGNATURE:

Principal Place of Business

Mailing Address

## **FILED** Feb 27 1997 8:00am Secretary of State



Suite, Apt #, etc.  Suite, Apt. #, etc.  27  City & State	P O BOX 601 CRESTVIEW FL 32536		P O BOX 601 Crestview Fl 32536-0601						
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Sulle, Apt. #, oc.   27   27   27   28   28   29   29   29   29   20   20   20   20	2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	L	A	oplied For
City & Stato   City & City & Stato   City & City & Stato   City & Stato   City & Stato   City & Stato   City	21					39-2370308			<del></del>
29   29   20   20   20   20   20   20	22		27			5. Certificate of Status Desired	Fee Required		
9. Name and Address of Current Registered Agent  THARP, GEORGE 11. Puresum to the provisions of Sections 617,1508, Florida Statute of Thompson or registered agent or both in the State agent of the Received agent or both in the State agent of the Received agent or registered agent or both in the State agent of the Received agent or both in the State agent of the Received agent or both in the State agent of the Received agent or both in the State agent of the Received agent or both in the State agent of the Received agent or both in the State agent of the Received agent or registered agent or register	City & State		<del>├</del> ¬ '			, -			
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ALT, KEITH  STREET ADDRESS  CITY-ST-ZIP  CRESTVIEW FL  D  DELETE  61 TITLE  D  CRESTVIEW FL  52 NAME  52 NAME  53 STREET ADDRESS  56 31 PARK PLACE  CRESTVIEW, FL 32539  CRESTVIEW, FL 32539  CRESTVIEW, FL 32539  CRESTVIEW FL  D  CRESTVIEW FL  Addition  Addition  STREET ADDRESS  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 by 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 the 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 recorded by Chapter 517, Florida Statutes; and that my name	CITY-ST-ZIP	CRESTVIEW FL		4.4 CITY-5	IT-ZIP				
STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL  DELETE SANCHEZ, RICHARD SANCHEZ, RICHARD STREET ADDRESS 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 by 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 the 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 reported by Chapter \$17. Florida Statutes; and that my name	TITLE	_	DELETÉ	5.1 TITLE			8	Change	Addition
CRESTVIEW FL  54 CITY-ST-ZIP  CRESTVIEW, FL  52539  ITILE  D  SANCHEZ, RICHARD  SANCHEZ, RICHARD  52 NAME  62 NAME  63 STREET ADDRESS  CRESTVIEW, FL  54 CITY-ST-ZIP  CRESTVIEW, FL  52539  ITILE  D  K  Change  Addition  Addition  62 NAME  63 STREET ADDRESS  5633 PARK PLACE  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 the 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 reported by Chapter 517, Florida Statutes; and that my name	NAME			5.2 NAME					
DELETE 61 TITLE D K Change Addition  NAME SANCHEZ, RICHARD  STREET ADDRESS 210 WHEELER PLACE  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 by 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 the 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 reported by Chapter 517, Florida Statutes; and that my name	STREET ADDRESS			5.3 STREE	ADDRESS				
SANCHEZ, RICHARD  STREET ADDRESS  210 WHEELER PLACE  CRESTVIEW F1. 32539  14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated. 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 the 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 reported by Chapter 517, Florida Statutes; and that my name					T-ZIP		r-	T 04	A 4.3167_
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information indicated on this annual report or supplemental annual report is true and accurate and the mysignature 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 recoired by Chapter 517, Florida Statutes; and that my name	CITY-ST-ZIP	by certify that the information supplier	with this filing does not qualify	for the eve	or-ZIP Amption e	I CRESTVIEW FL 32539	I further o	ertify tha	t the
	informatio	flicer or director of the corporation or	upplemental annual report is tru- the receiver or trustee empower	e and acc	urate and cute this r	I that my signature shall have the same legal report as recoired by Chapter 517, Florida S	effect as if tatutes; and	made ur that my	nder oath; that name