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 Mar 03 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION, ANNUAL REPORT 1998



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 Mailing Address
 P O BOX 601 CRESTVIEW FL 32536 P O BOX 601 CRESTVIEW FL 32536

3. Date Incorporated or Qualified
 09/18/1974
 4. FEI Number 59-2370369
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 BRIGGS, RICHARD S
 110 OVERVIEW DR
 CRESTVIEW FL 32539

10. Name and Address of New Registered Agent
 81 Name BUESS PAUL
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 101 OAKCREST DR
 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 Paul Buess (President) DATE 2/19/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRIGGS, RICHARD S	
STREET ADDRESS	110 OVERVIEW DR	
CITY-ST-ZIP	CRESTVIEW FL	
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	BUESS, PAUL L	
STREET ADDRESS	101 OAKCREST DR	
CITY-ST-ZIP	CRESTVIEW FL	
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	LUKE, MICHAEL	
STREET ADDRESS	5631 PARK PL	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKUM, MELVIN	
STREET ADDRESS	5633 PARK PL	
CITY-ST-ZIP	CRESTVIEW FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PKR BUESS PAUL	
1.3 STREET ADDRESS	101 Oakcrest dr	
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	MILLS JIM	
3.3 STREET ADDRESS	204 Oriole Place	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: Paul Buess Paul Buess 682 2079

CR2E037 (10/97)