## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 730719**

GRANDVIEW HEIGHTS HOMEOWNERS' ASSOCIATION INC.

Principal Place of Busin
P O BOX 601
CRESTVIEW EL 32536

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

P O BOX 601 CRESTVIEW FL 32536

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90004 014 \*\*\*\*61.25



3. 'Date Incorporated or Qualifed

09/18/1974

59-2370369

4. FEI Number

City & State						5. Certifcate of		Additional		
23		28							Fee Req	
Zip	Country	Zip		Country		6. Election Cam			\$5.00 A	
24	25	29	30			Trust Fund C			Added to	Fees
Name and Address of Current Registered Agent						10. Name and A	ddress of New R	legistered A	gent	
				81	Name					
BUESS, PAUL				82	Street A	ddress (P.O. Box Numb	per is Not Accepta	ble)		<del></del>
101 OAKCREST DR						<u> </u>				
CRESTVIEW FL 32539				83						
				84	City				85 Zip Co	ode
					-		**	<u>FL</u>		. *** * * * ***
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida	Statutes, the	e above	-named c	orporation submits this	statement for the	purpose of c	hanging its r	egistered
office or n	egistered agent, or both, in the State o m familiar with and accept the obligati	t Florida. Such change ons of. Section 617.050	was authori 3. Florida S	zea by i itatutes.	ine corpor	ation's board of directo	rs. I nereby accer	it trie appoint	meni as regi	stellen (
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										
SIGNATURE	Signature, typed or printed name of registered agent		(NOTE: Registe	ered Ageni	t signature rec	quired when reinstating)		DATE		
12.	OFFICERS AND			13.			HANGES TO OF	FICERS AND		
TITLE	P	☐ DELE	TE 1.	1 TITLE					Change	Addition
NAME	BUESS, PAUL		1.	2 NAME						
STREET ADDRESS	101 07 0101.20 . 011			3 STREET	ADDRESS		•			
CITY-ST-ZIP	CRESTVIEW FL 32539		1.	4 CITY-ST	-ZIP				<u></u>	
TITLE	T	☐ DELE	TE 2.	1 TITLE					Change	Addition
NAME	MCCARTHY, FB		2.	2 NAME					~	
STREET ADDRESS	1312 GRANDVIEW DR		2.	3 STREET	ADORESS					
CITY-ST-ZIP	CRESTVIEW FL		2.	4 CITY- \$	T- ZIP	<u> </u>				
ΠΓΕ	VP	☐ DELE	TE 3.	1 TITLE					Change	Addition
NAME .	MILLS, JIM		3.	2 NAME						
STREET ADDRESS	204 ORIOLE PLACE		3.	3 STREET	ADDRESS	•				,
CITY-ST-ZIP	CRESTVIEW FL 32539			4. CITY- S	r- ZIP					
TITLE	S	☐ DELE	TE 4.	1 TITLE					Change	☐ Addition
NAME	SCHWARTZ, RAE		4.	2 NAME						
STREET ADDRESS	1408 GRANDVIEW DR		4.	3 STREET	ADDRESS					
CITY-ST-ZIP	CRESTVIEW FL		4.	4 CITY-ST	-ZIP	<u> </u>	·	. 11		
TITLE	D	☐ DELE		1 TITLE			,		Change	☐ Addition
NAME	LUKE, MICHAEL		i i	2 NAME						
STREET ADDRESS	5631 PARK PL		I -	3 STREET						
CITY-ST-ZIP	CRESTVIEW FL			4 CITY-ST	-ZIP	<u> </u>				
TITLE	D	☐ DELE		.1 TITLE					Change '	Addition
NAME	BECKUM, MELVIN		6.	2 NAME						
STREET ADDRESS	5633 PARK PL		6.	3 STREET	ADDRESS	•				
CITY-ST-ZIP	CRESTVIEW FL			4 CITY-ST						
14. I hereby o	certify that the information supplied with	this filing does not qua	lify for the e	exemption	on stated	in Section 119.07(3)(i),	Florida Statutes. I	further certi	fy that the in	formation am an
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 O on an attachment with an address, with all other like empowered.										

Not Applicable

\$8.75 Additional