

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0006223

**DOCUMENT # 730719**

1. Entity Name

**GRANDVIEW HEIGHTS HOMEOWNERS' ASSOCIATION INC.**

04-11-2002 90069 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P O BOX 601  
 CRESTVIEW FL 32536

P O BOX 601  
 CRESTVIEW FL 32536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2370369**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIEREPKA, JOHN**  
**1415 RED OAK DRIVE**  
**CRESTVIEW FL 32539**

Name **Smith Hollis**

Street Address (P.O. Box Number is Not Acceptable)

**1409 Grandview Dr**

**Crestview**

**FL**

**32539**

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Hollis M Smith*  
**HOLLIS M SMITH**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3 Apr 2002*  
 DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **KIEREPKA, JOHN**  
 STREET ADDRESS **1415 RED OAK DRIVE**  
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE  Change  Addition  
 NAME **Director Johnson Timothy**  
 STREET ADDRESS **139 Oakcrest Dr**  
 CITY-ST-ZIP **Crestview FL 32539**

TITLE  Delete  
 NAME **MCCARTHY, FB**  
 STREET ADDRESS **1312 GRANDVIEW DR**  
 CITY-ST-ZIP **CRESTVIEW FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **MILLS, JIM**  
 STREET ADDRESS **204 ORIOLE PLACE**  
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE  Change  Addition  
 NAME **Director Rice Michael**  
 STREET ADDRESS **108 Overview Dr**  
 CITY-ST-ZIP **Crestview FL 32539**

TITLE  Delete  
 NAME **SCHWARTZ, RAE**  
 STREET ADDRESS **1408 GRANDVIEW DR**  
 CITY-ST-ZIP **CRESTVIEW FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **LUKE, MICHAEL**  
 STREET ADDRESS **5631 PARK PL**  
 CITY-ST-ZIP **CRESTVIEW FL**

TITLE  Change  Addition  
 NAME **Smith Hollis**  
 STREET ADDRESS **1409 Grandview Dr**  
 CITY-ST-ZIP **Crestview FL 32539**

TITLE  Delete  
 NAME **VP ANDERSON, PAUL**  
 STREET ADDRESS **106 WHEELER PL**  
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*FB McCarthy*  
**FB MCCARTHY**

*3 Apr 2002*

850 682 0274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)