

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90087 046 ****61.25

DOCUMENT # 730719



1. Entity Name
GRANDVIEW HEIGHTS HOMEOWNERS' ASSOCIATION INC.

Principal Place of Business Mailing Address
 P O BOX 601 P O BOX 601
 CRESTVIEW FL 32536 CRESTVIEW FL 32536

24006955



MOORE CR2E037 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2370369** Applied For Not Applicable

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

HOLLIS, SMITH
1409 GRANDVIEW DR.
CRESTVIEW FL 32539

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **JOHNSON, TIMOTHY**
 STREET ADDRESS **139 OAKCREST DR.**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RICE, MICHAEL**
 STREET ADDRESS **108 OVERVIEW DR**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** Change Addition
 NAME **BURKE, MICHAEL**
 STREET ADDRESS **1306 GRANDVIEW DRIVE**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **SMITH, HOLLIS**
 STREET ADDRESS **1409 GRANDVIEW DR.**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **P** Change Addition
 NAME **ODOM LINDA**
 STREET ADDRESS **1415 QUAIL RIDGE**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ Date _____ Daytime Phone # _____