

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90083 025 ****61.25



DOCUMENT # 730719

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

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

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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

TITLE **D** Delete
 NAME **WETMORE, KYPP**
 STREET ADDRESS **109 OAKCREST DR,**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

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

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

TITLE **S** Delete
 NAME **PRICE, SHIRLEY**
 STREET ADDRESS **1200 YELLOWHAMMER**
 CITY-ST-ZIP **CRESTVIEW FL 32359**

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

TITLE **D** Delete
 NAME **WALKER, TOMMY**
 STREET ADDRESS **111 OAKCREST DR**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **SCOTT MICHAEL M.**
 STREET ADDRESS **115 OVERVIEW DR**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 exemptions contained in Section 119, 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: _____

[Handwritten Signature]

13 Feb 2006