2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005
Secretary of State

DOCUMENT# N00000000364

Entity Name: GRAND OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

116 GRAND OAKS DRIVE
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

116 GRAND OAKS DRIVE
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3732773 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KELLEY, DONNA M
116 GRAND OAKS DR.
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KELLEY, DONNA M
Address: 116 GRAND OAKS DR.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: GIVENS, MIKE
Address: 147 SOUTHWIND CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete
Name: AVERY, RON
Address: 5054 MEDORAS AVENUE
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GIVENS, MIKE
Address: 101 GRAND OAKS DR.
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R GIVENS TREA 06/24/2005

Electronic Signature of Signing Officer or Director — Date