


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90071 009 ****70.00

DOCUMENT # N00000000364																																																																																																																																																					
1. Entity Name GRAND OAKS ESTATES HOMEOWNERS' ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business 116 GRAND OAKS DRIVE SAINT AUGUSTINE, FL 32080			Mailing Address 116 GRAND OAKS DRIVE SAINT AUGUSTINE, FL 32080																																																																																																																																																		
2. Principal Place of Business - No P.O. Box # 100 Grand Oaks Drive		3. Mailing Address 100 Grand Oaks Drive																																																																																																																																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																																																			
City & State Saint Augustine, FL		City & State Saint Augustine, FL		4. FEI Number 59-3732773																																																																																																																																																	
Zip 32080		Country US		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
Zip 32080		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent KELLEY, DONNA M 116 GRAND OAKS DR. ST. AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name Martin Mounier Street Address (P.O. Box Number is Not Acceptable) 100 Grand Oaks Drive City Saint Augustine FL Zip Code 32080																																																																																																																																																		
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. Martin Mounier SIGNATURE: Martin Mounier DATE: January 18, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																	
Make check payable to Florida Department of State																																																																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">NAME</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">KELLEY, DONNA M</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">David Cameron</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">116 GRAND OAKS DR. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Martin Mounier DATE: January 18, 2008 100 Grand Oaks Dr 904 461-5572 <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>																																																																																																																																																					