FILED
Jul 07, 2003 8:00 am
Secretary of State
07-07-2003 90136 046 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000364

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

Principal Place of Business	Mailing Address
100 SOUTHPARK BLVD., STE. 101 ST. AUGUSTINE, FL 32086	100 SOUTHPARK BLVD., STE. 101 ST. AUGUSTINE, FL 32086

2. Principal Place of Business	3. Mailing Address
116 Grand Oaks Drive	116 Grand Oaks Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St., Augustine, FL	City & State: St., Augustine, FL
Zip: 32080 Country: USA	Zip: 32080 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3732773 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLEY, DONNA M 116 GRAND OAKS DR. ST. AUGUSTINE, FL 32080	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREWS, DAVID M P.O. BOX 6358 ST. AUGUSTINE, FL 32085	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIVENS, MIKE 147 SOUTHWIND CIRCLE ST. AUGUSTINE, FL 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COUTURE, DICK 4320 A1A SOUTH, STE. 8 ST. AUGUSTINE, FL 32084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AVERY, RON 5054 MEDORAS AVENUE ST. AUGUSTINE, FL 32080	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 #