

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90202 032 \*\*\*\*70.00

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04262006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N00000007113</b> 1. Entity Name GRANT PARK ADDITION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3715 WIGGINS LEAF STREET TAMPA, FL 33619 US			Mailing Address 3715 WIGGINS LEAF STREET TAMPA, FL 33619 US		
2. Principal Place of Business 3814 Wiggins Leaf St		3. Mailing Address 3716 Smith Tree St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 59-2550410	
Zip 33619		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  CORNELL, LAURA 3715 WIGGINS LEAF STREET TAMPA, FL 33619			7. Name and Address of New Registered Agent Name: NOLLAN, MARISSA Street Address (P.O. Box Number is Not Acceptable): 3814 Wiggins Leaf St City: TAMPA FL Zip Code: 33619		
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: <i>Marissa Nollan</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4-26-06					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONNELL, LAURA 3715 WIGGINS LEAF STREET TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NOLLAN, MARISSA 3814 Wiggins Leaf St TAMPA FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NOLLAN, MARISSA 3714 WIGGINS LEAF STREET TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAC Connell, Laura 3715 Wiggins Leaf St TAMPA FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LINIEHOUSE, ELLAMAE 3723 WIGGINS LEAF STREET TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Jenkins, Brenda 3716 Smith Tree St TAMPA FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENKINS, BRENDA 3716 WIGGINS LEAF STREET TAMPA, FL 33619	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AAC SALAS, JOANN 3812 Wiggins Leaf St Tampa FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT JOLLY, KAREN 3805 WIGGINS LEAF STREET TAMPA, FL 33619	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC SALAS, JOANN 3812 WIGGINS LEAF STREET TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Marissa Nollan</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARISSA NOLLAN		
Date: 4-26-06			Daytime Phone #: 813-623-2671		