

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000007113

1. Entity Name

GRANT PARK ADDITION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**3814 WIGGINS LEAF ST
TAMPA FL 33619
US**

Mailing Address

**3716 SMITH TREE ST
TAMPA FL 33619
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2550410

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

**NOLLAN, MARISSA
3814 WIGGINS LEAF ST
TAMPA FL 33619**

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

Marissa Nollan
MARISSA NOLLAN

4-28-08

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

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 PS ☐ Delete
NAME NOLLAN, MARISSA
STREET ADDRESS 3814 WIGGINS LEAF ST
CITY-STATE-ZIP TAMPA FL 33619

TITLE VAC ☐ Delete
NAME CONNELL, LAURA
STREET ADDRESS 3715 WIGGINS LEAF ST
CITY-STATE-ZIP TAMPA FL 33619

TITLE AS ☐ Delete
NAME JENKINS, BRENDA
STREET ADDRESS 3716 SMITH TREE ST
CITY-STATE-ZIP TAMPA FL 33619

TITLE T ☐ Delete
NAME JENKINS, BRENDA
STREET ADDRESS 3716 WIGGINS LEAF STREET
CITY-STATE-ZIP TAMPA FL 33619

TITLE AT ☐ Delete
NAME JOLLY, KAREN
STREET ADDRESS 3805 WIGGINS LEAF STREET
CITY-STATE-ZIP TAMPA FL 33619

TITLE AAC ☐ Delete
NAME SALAS, JOANN
STREET ADDRESS 3812 WIGGINS LEAF ST
CITY-STATE-ZIP TAMPA FL 33619

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000943068
CITY-STATE-ZIP 05/29/08-80044-017 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Marissa Nollan
MARISSA NOLLAN

4-28-08 ^{8B} 623-2671