

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007113

FILED
May 05, 2009
Secretary of State

Entity Name: GRANT PARK ADDITION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3814 WIGGINS LEAF ST
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

3716 SMITH TREE ST
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: 59-2550410 **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:

Name and Address of New Registered Agent:

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

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: PS () Delete
Name: NOLLAN, MARISSA
Address: 3814 WIGGINS LEAF ST
City-St-Zip: TAMPA, FL 33619

Title: VAC () Delete
Name: CONNELL, LAURA
Address: 3715 WIGGINS LEAF ST
City-St-Zip: TAMPA, FL 33619

Title: AS () Delete
Name: JENKINS, BRENDA
Address: 3716 SMITH TREE ST
City-St-Zip: TAMPA, FL 33619

Title: T () Delete
Name: JENKINS, BRENDA
Address: 3716 WIGGINS LEAF STREET
City-St-Zip: TAMPA, FL 33619

Title: AT () Delete
Name: JOLLY, KAREN
Address: 3805 WIGGINS LEAF STREET
City-St-Zip: TAMPA, FL 33619

Title: AAC () Delete
Name: SALAS, JOANN
Address: 3812 WIGGINS LEAF ST
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARISSA NOLLAN

PRES

05/05/2009

Electronic Signature of Signing Officer or Director

Date