

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007113

FILED  
May 03, 2010  
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:**

3814 WIGGINS LEAF ST  
TAMPA, FL 33619 US

**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  
Name: NOLLAN, MARISSA  
Address: 3814 WIGGINS LEAF ST  
City-St-Zip: TAMPA, FL 33619

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARISSA NOLLAN

PS

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date