

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00291

FILED
May 07, 2007
Secretary of State

Entity Name: GRANT STATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2204 FAXTON CT
ORLANDO, FL 32812 US

New Principal Place of Business:

1485 INTERNATIONAL PARKWAY
SUITE 1051
LAKE MARAY, FL 32746 US

Current Mailing Address:

P.O. BOX 1465
SANFORD, FL 32771 US

New Mailing Address:

1485 INTERNATIONAL PARKWAY
SUITE 1051
LAKE MARY, FL 32746 US

FEI Number: 59-2722976 **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:

ALL ABOUT MANAGEMENT, INC.
206 ELM AVENUE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

ALL ABOUT MANAGEMENT, INC.
1485 INTERNATIONAL PARKWAY
SUITE 1051
LAKE MARY, FL 32746 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: ANGELIA L. GORDON, LCAM

05/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHMIDT, JAMES L
Address: 2204 FAXTON CT
City-St-Zip: ORLANDO, FL 32812

Title: OT () Delete
Name: SCHMIDT, KATHRYNE
Address: 2204 FAXTON CT
City-St-Zip: ORLANDO, FL 32812

Title: DVP () Delete
Name: VETTER, TED
Address: 2005 WINSLOW DR
City-St-Zip: ORLANDO, FL 32812

Title: DS () Delete
Name: BATES, BRENDA
Address: 2005 FAXTON CT.
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DVP (X) Change () Addition
Name: VETTER, VONNIE
Address: 2005 WINSLOW DR
City-St-Zip: ORLANDO, FL 32812

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: ANGELIA L. GORDON, LCAM, AGENT

MISS

05/07/2007

Electronic Signature of Signing Officer or Director

Date