

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00291

FILED
May 01, 2008
Secretary of State

Entity Name: GRANT STATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1485 INTERNATIONAL PARKWAY
SUITE 1051
LAKE MARAY, FL 32746 US

New Principal Place of Business:

201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789 US

Current Mailing Address:

1485 INTERNATIONAL PARKWAY
SUITE 1051
LAKE MARY, FL 32746 US

New Mailing Address:

201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789 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.
1485 INTERNATIONAL PARKWAY
SUITE 1051
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

ALL ABOUT MANAGEMENT, INC.
201 W CANTON AVENUE
SUITE 125 A
WINTER PARK, FL 32789 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:

05/01/2008

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 (X) Delete
Name: VETTER, VONNIE
Address: 2005 WINSLOW DR
City-St-Zip: ORLANDO, FL 32812

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SCHMIDT, KATHRYN L
Address: 2204 FAXTON CT
City-St-Zip: ORLANDO, FL 32812

Title: VP (X) Change () Addition
Name: GAYLORD, DANIEL
Address: 2244 FAXTON COURT
City-St-Zip: ORLANDO, FL 32812

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: ANGELIA L GORDON

RA

05/01/2008

Electronic Signature of Signing Officer or Director

Date