

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00291

FILED
Jan 19, 2009
Secretary of State

Entity Name: GRANT STATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

206 ELM AVE.
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1569
SANFORD, FL 32772

New Mailing Address:

FEI Number: 59-2722976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC () Change (X) Addition
Name: BATES, BRENDA
Address: 2205 FAXTON COURT
City-St-Zip: ORLANDO, FL 32812

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

01/19/2009

Electronic Signature of Signing Officer or Director

Date