

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 27, 2009**  
**Secretary of State**

DOCUMENT# N00291

**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: SEC ( ) Delete  
Name: BATES, BRENDA  
Address: 2205 FAXTON COURT  
City-St-Zip: ORLANDO, FL 32812

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: HANSEN, GLENN H  
Address: 5408 ANDOVER DRIVE  
City-St-Zip: ORLANDO, FL 32812

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

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

Title: TRES ( ) Change (X) Addition  
Name: SCHMIDT, KATHRYNE  
Address: 2204 FAXTON COURT  
City-St-Zip: ORLANDO, FL 32812

Title: BOD ( ) Change (X) Addition  
Name: SILVA, JESSICA S  
Address: 2203 FAXTON COURT  
City-St-Zip: ORLANDO, FL 32812

Title: BOD ( ) Change (X) Addition  
Name: DAY, MICHAEL  
Address: 2009 PLAINFIELD  
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

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date