


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2005 8:00 am**  
**Secretary of State**

08-09-2005 90002 007 \*\*\*\*61.25

<b>DOCUMENT # N01000001909</b>	
1. Entity Name <b>GRAND PINES HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>8012 GRAND PINES BLVD. LAKELAND FL 33810 US</b>	Mailing Address <b>8012 GRAND PINES BLVD. LAKELAND FL 33810 US</b>
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2. Principal Place of Business		3. Mailing Address <b>PO Box 918</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Kathleen, FL</b>	
Zip	Country	Zip <b>33849</b>	Country <b>US</b>

2nd MOORE CR2E037 (5/05)

4. FEI Number <b>59-3737171</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>YOUNG, NEAL E 300 3RD ST NW WINTER HAVEN FL 33881</b>		7. Name and Address of New Registered Agent	
		Name <b>NE</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> Zip Code	


8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

→ <b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b> ←

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RANDALL, STEVEN A 8012 GRAND PINES BLVD. LAKELAND FL 33810 T</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Elvira Randall 8012 Grand Pines Blvd Lakeland, FL 33810</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RUDD, LORI R 7908 GRAND PINES BLVD LAKELAND FL 33810 D</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Barrett Bradford 7973 Sugar Pine Blvd Lakeland, FL 33810</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NATIONS, MARK 8079 GRAND PINES BLVD. LAKELAND FL 33810 V</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Danny Lang 7808 Sugar Pine Blvd Lakeland, FL 33810</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GLOVER, STEVE 8085 GRAND PINES BLVD. LAKELAND FL 33810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Steve Glover** 7/30/05 863-859-4769  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #