2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001909

FILED Apr 29, 2006 Secretary of State

Entity Name: GRAND PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8012 GRAND PINES BLVD. PO BOX 819

LAKELAND, FL 33810 US KATHLEEN, FL 33849 US

Current Mailing Address: New Mailing Address:

P.O. BOX 918

KATHLEEN, FL 33849 US

FEI Number: 59-3737171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YOUNG, NEAL E 300 3RD ST NW

WINTER HAVEN, FL 33881 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Ager

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: S (X) Change () Addition

 Name:
 RANDALL, ELVIRA
 Name:
 RANDALL, ELVIRA

 Address:
 8012 GRAND PINES BLVD
 Address:
 8012 GRAND PINES BLVD

 City-St-Zip:
 LAKELAND, FL 33810
 City-St-Zip:
 LAKELAND, FL 33810

Title: T () Delete Title: () Change () Addition

 Name:
 BRADFORD, BARRETT
 Name:

 Address:
 7973 SUGAR PINE BLVD
 Address:

 City-St-Zip:
 LAKELAND, FL 33810
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: LANG, DANNY Name: LANG, DANNY

 Address:
 7808 SUGAR PINE BLVD
 Address:
 7808 SUGAR PINE BLVD

 City-St-Zip:
 LAKELAND, FL 33810
 City-St-Zip:
 LAKELAND, FL 33810

Title: V () Delete Title: P (X) Change () Addition

 Name:
 GLOVER, STEVE
 Name:
 GLOVER, STEVE

 Address:
 8085 GRAND PINES BLVD.
 Address:
 8085 GRAND PINES BLVD.

 City-St-Zip:
 LAKELAND, FL 33810
 City-St-Zip:
 LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRETT H BRADFORD T 04/29/2006