

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000001909

1. Entity Name
GRAND PINES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
PO BOX 819
KATHLEEN, FL 33849 US

Mailing Address
P.O. BOX 918
KATHLEEN, FL 33849 US

FILED

07 AUG 10 AM 9:23

STATE
FLORIDA



2. Principal Place of Business - No P.O. Box #
7973 Sugar Pine Blvd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 918
Suite, Apt. #, etc.

04092007 Chg-NP CR2E037 (12/06)

City & State
Lakeland FL
Zip
33810 Country

City & State
Kathleen FL
Zip
33849 Country
USA

4. FEI Number
59-3737171 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, NEAL E
300 3RD ST NW
WINTER HAVEN, FL 33881

7. Name and Address of New Registered Agent

Name
VINCE TURNER
Street Address (P.O. Box Number is Not Acceptable)
5116 S Lakeland Dr
City
Lakeland FL Zip Code
33813

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 Vince Turner Vince Turner 4-30-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANDALL, ELVIRA 8042 GRAND PINES BLVD LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADFORD, BARRETT 7973 SUGAR PINE BLVD LAKELAND, FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANG, DANNY 7808 SUGAR PINE BLVD LAKELAND, FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLOVER, STEVE 8085 GRAND PINES BLVD. LAKELAND, FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV Larry Milford 8029 Grand Pines Blvd Lakeland FL 33810	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sarah Rivas 8015 Grand Pines Blvd Lakeland FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Stephanie Hutton 7891 Sugar Pine Blvd Lakeland FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Jessica Ritchie 8080 Grand Pines Blvd Lakeland FL 33810	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: Barrett Bradford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-07
Date

Daytime Phone #