

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001909

FILED
Feb 03, 2009
Secretary of State

Entity Name: GRAND PINES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7973 SUGAR PINE BLVD
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 918
KATHLEEN, FL 33849 US

New Mailing Address:

FEI Number: 59-3737171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, VINCE
5116 S LAKELAND DR
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

MILFORD, LAWRENCE
8029 GRAND PINES BLVD
LAKELAND, FL 33809 US

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: LAWRENCE MILFORD

02/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: GRAHAM, MARTIN E
Address: 3267 GRAND PINES DR
City-St-Zip: LAKELAND, FL 33810

Title: VP () Delete
Name: BRADFORD, BARRETT
Address: 7973 SUGAR PINE BLVD
City-St-Zip: LAKELAND, FL 33810

Title: VP () Delete
Name: LANG, DANNY
Address: 7808 SUGAR PINE BLVD
City-St-Zip: LAKELAND, FL 33810

Title: CS () Delete
Name: GLOVER, STEVE
Address: 8085 GRAND PINES BLVD.
City-St-Zip: LAKELAND, FL 33810

Title: T () Delete
Name: MILFORD, LARRY
Address: 8029 GRAND PINES BLVD
City-St-Zip: LAKELAND, FL 33810

Title: BM (X) Delete
Name: NIETO, STEPHANIE
Address: 3112 SUGAR LEAF LN
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: BM (X) Change () Addition
Name: NIETO, STEPHANIE
Address: 3112 SUGAR LEAF LN
City-St-Zip: LAKELAND, FL 33810

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

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

Title: T (X) Change () Addition
Name: MILFORD, LAWRENCE
Address: 8029 GRAND PINES BLVD
City-St-Zip: LAKELAND, FL 33810

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

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: LAWRENCE MILFORD

T

02/03/2009

Electronic Signature of Signing Officer or Director

Date