

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90225 025 \*\*\*\*61.25

**DOCUMENT # N01000003989**

1. Entity Name  
**GRAND CEDARS RESERVE HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**3298 SUMMIT BLVD, STE 4  
PENSACOLA, FL 32503**

Mailing Address  
**3298 SUMMIT BLVD, STE 4  
PENSACOLA, FL 32503**

**50016502**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3740152**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent

**ETHERIDGE, RAY O  
ETHERIDGE PROPERTY MGMT.  
3298 SUMMIT BLVD., STE. 4  
PENSACOLA, FL 32503**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
PAYNE, LIZ  
8458 MEHACEAE DRIVE  
PENSACOLA, FL 32514** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PERSON, TAD  
8476 MELIACEOE DR.  
PENSACOLA, FL 32514** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WHITE, BOB  
1790 CONIFER Rd.  
PENSACOLA, FL 32514** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MYERS, MARVIS  
8488 MELIACEAG DR.  
PENSACOLA, FL 32514** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
Baker, Charles  
1683 Cedrus Lane  
Pensacola, FL 32514** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GOLD, GLENN  
1659 CEDRUS LANE  
PENSACOLA, FL 32514** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCAREE, JOY  
1719 Cedrus lane  
Pensacola, FL 32514** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
WILEY, JAN  
1791 CEDRUS LANE  
PENSACOLA, FL 32514** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Goldie Glenn  
1659 Cedrus Lane  
Pensacola, FL 32514** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MATT, GENE  
8464 Meliaceae Dr.  
Pensacola FL 32514** ☐ Change ☒ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #