

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003989

FILED  
Mar 31, 2009  
Secretary of State

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

**Current Principal Place of Business:**

4400 BAYOU BLVD  
#35  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

4400 BAYOU BLVD  
#35  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 59-3740152      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LONGWELL, TINA  
4400 BAYOU BLVD  
#35  
PENSACOLA, FL 32503 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GOLDE, GLENN  
Address: 1659 CEDRUS LN  
City-St-Zip: PENSACOLA, FL 32514

Title: DST ( ) Delete  
Name: LOW, ALAN  
Address: 1755 CEDRUS LN  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: TRANCHINA, JOE  
Address: 8457 MELIACEAE DR  
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DVP (X) Change ( ) Addition  
Name: POSTANOWICZ, CHRIS  
Address: 1791 CEDRUS LN  
City-St-Zip: PENSACOLA, FL 32514

Title: DST (X) Change ( ) Addition  
Name: LOW, ALAN  
Address: 1755 CEDRUS LN  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Change (X) Addition  
Name: CHLEBOWSKI, MIKE  
Address: 8451 MELIACEAE DRIVE  
City-St-Zip: PENSACOLA, FL 32514

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: GLENN GOLDE

DP

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date