

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90388 026 ****70.00

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1. Entity Name
GRAND LAKES OWNERS ASSOCIATION, INC.



Principal Place of Business
786 BLANDING BOULEVARD
SUITE 118
ORANGE PARK, FL 32065 US

Mailing Address
786 BLANDING BOULEVARD
SUITE 118
ORANGE PARK, FL 32065 US

40051102



2. Principal Place of Business

3. Mailing Address

Professional Community Mgmt, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
02-0602741

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

PERRY, ALAN
786 BLANDING BOULEVARD
SUITE 118
ORANGE PARK, FL 32065

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 \$61.25
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 PD
NAME ROSS, GARY
STREET ADDRESS 12002 GRAND LAKES DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME DOTSON, RICHARD
STREET ADDRESS 12019 GRAND LAKES DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME BERG, WILLARD
STREET ADDRESS 12009 GRAND LAKES DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE DT
NAME Eanes Begley
STREET ADDRESS 1115 Grand Lakes Dr.
CITY-ST-ZIP Jacksonville, FL 32258

TITLE SD
NAME ROPER, MARY
STREET ADDRESS 5004 GRAND LAKE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MASTRIDGE, FRANK
STREET ADDRESS 12027 GRAND LAKES DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE DS
NAME Julie Canto
STREET ADDRESS 12018 Grand Lakes Dr.
CITY-ST-ZIP Jacksonville, FL 32258

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

GARY W. ROSS GARY W. ROSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

(904) 298-2321