

FILED
Apr 30, 2007 8:00 am
Secretary of State

DOCUMENT # N02000001845
1. Entity Name
GRAND LAKES OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PROFESSIONAL COMMUNITY MGNT, INC	786 BLANDING BOULEVARD
SUITE 118	SUITE 118
ORANGE PARK, FL 32065 US	ORANGE PARK, FL 32065 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02222007 Chq-NP CR2E037 (12/06)

4. FEI Number 02-0602741	Applied For
	Not Applicable

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
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, GARY 12002 GRAND LAKES DRIVE JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Bill Berg 12009 Grand Lakes Dr. E. Jacksonville FL 32258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOTSON, RICHARD 12019 GRAND LAKES DRIVE JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dave Davies 4884 Peder Ct Jacksonville FL 32258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BEGLEY, EANES 12115 GRAND LAKES DR JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROPER, MARY 5004 GRAND LAKE DRIVE JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CANTO, JULIE 12018 GRAND LAKES DR JACKSONVILLE, FL 32258	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Barbara Mott 4954 Grand Lakes Dr. S. Jacksonville, FL 32258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: WILLARD BERG 4/28/07 904-260-8234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40093922

TITLE PDT
NAME Willard C. Berg ~~FF 102000001845~~ Addition
ADDRESS 12009 Grand Lakes Dr E
Jacksonville, FL 32258-4211

TITLE VD Addition
NAME David Davies
ADDRESS 48899 Deeder Court
Jacksonville, FL 32258-4209

TITLE DS Addition
NAME Barbara Mottola
ADDRESS 4954 Grand Lakes Dr S
Jacksonville, FL 32258-4214

TITLE D Addition
NAME Joseph Stumpf
ADDRESS 5036 Grand Lakes Dr S
Jacksonville, FL 32258-4214

TITLE D Addition
NAME Tammy Irizarry
ADDRESS 5016 Grand Lakes Dr N
Jacksonville, FL 32258-4213