2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 17, 2008 8:00 am
Secretary of State
02-12-2008 90007 017 ****70.00

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1. Entity Name
GRAND LAKES OWNERS ASSOCIATION, INC.

66003977

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

01242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
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, 2008

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	PTD BERY, BILL 12009 GRND LAKES DR E JACKSONVILLE, FL 32258	☒ Delete	PD Rita Ross 12002 Grand Lakes Dr Jacksonville Fl. 32258	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAVIES, DAVE 4889 DEEDER CT JACKSONVILLE, FL 32258	☒ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT BERG, WILLARD C 12009 GRAND LAKES DR E JACKSONVILLE, FL 32258	☒ Delete	VD Cecil Williams 12036 Grand Lakes Dr Jacksonville Fl. 32258	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IRIZARRY, TAMMY 5016 GRAND LAKES DR N JACKSONVILLE, FL 32258	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MOTTONA, BARBARA 4954 GRAND LAKES DR S JACKSONVILLE, FL 32258	☒ Delete	SD Christina Kopecki 4955 Grand Lakes Dr. N. Jacksonville Fl. 32258	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STUMPF, JOSEPH 5036 GRAND LAKES DR S JACKSONVILLE, FL 32258	☐ Delete	TD	☒ 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: Rita K. Ross 3/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #