

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90098 043 \*\*\*\*70.00

**DOCUMENT # N02000006946**

1. Entity Name  
**GRAND POINTE COVE OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**6701 PENSACOLA BOULEVARD  
PENSACOLA, FL 32505**

Mailing Address  
**6701 PENSACOLA BOULEVARD  
PENSACOLA, FL 32505**



2. Principal Place of Business  
**365 James River Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**365 James River Road**  
Suite, Apt. #, etc.

07062004 Chg-NP CR2E037 (10/03)

City & State  
**Gulf Breeze FL**

City & State  
**Gulf Breeze FL**

4. FEI Number  
**51-0451116**

Applied For  
Not Applicable

Zip  
**32561**

Country

Zip  
**32561**

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SHELL, STEPHEN B  
SEVILLE TOWER, NINTH FLOOR  
226 PALAX PLACE  
PENSACOLA, FL 32501**

**7. Name and Address of New Registered Agent**

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 September 8, 2004**

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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
FADDIS, CHARLES F  
6701 PENSACOLA BOULEVARD  
PENSACOLA, FL 32505** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FADDIS, THORUNN  
6701 PENSACOLA BOULEVARD  
PENSACOLA, FL 32505** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
GING, JUDY M  
6701 PENSACOLA BOULEVARD  
PENSACOLA, FL 32505** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PAES.  
Richard D. Sprague  
2555 Angel Court.  
Gulf Breeze, FL 32561** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V.P.  
Faircloth, Gene  
2560 Gulf Breeze Pkwy  
Gulf Breeze, FL 32563** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Rick Sprague  
365 James River Rd.  
Gulf Breeze, FL 32561** ☐ Change ☒ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Richard D. Sprague **Richard D. Sprague** **7/6/02** **850-932-9895**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #