

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90220 006 ****61.25

DOCUMENT # N02000006946

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



Principal Place of Business
**1304 QUIET COVE COURT
GULF BREEZE, FL 32563**

Mailing Address
**1304 QUIET COVE COURT
GULF BREEZE, FL 32563**

DO NOT WRITE IN THIS SPACE



04142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

51-0451116

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BELL, RONALD D
1329 QUIET COVE COURT
GULF BREEZE, FL, FL 32563**

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IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REDDICK, ROBERT
STREET ADDRESS	1304 QUIET COVE COURT
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	D
NAME	JACOBS, BERNARD
STREET ADDRESS	1322 QUIET COVE COURT
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	D
NAME	BELL, RONALD D
STREET ADDRESS	1329 QUIET COVE COURT
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	D
NAME	MCCULLEY, ELIZABETH
STREET ADDRESS	4016 MONTESSORI DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

850 206 3139

Daytime Phone #