


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000007128**  
1. Entity Name  
**GRANDVIEW LANDINGS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**214 HILLCREST ST STE 2  
LAKELAND, FL 33815**      **214 HILLCREST ST STE 2  
LAKELAND, FL 33815**

**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-NP      CR2E037 (10/03)

4. FEI Number  
**20-0677194**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MCQUILLEN, DUANE  
214 HILLCREST ST STE 2  
LAKELAND, FL 33815**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature typed or printed name of registered agent and title if applicable)      (Date Registered Agent Signature required when reconstituting)

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution            **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCQUILLEN, DUANE
STREET ADDRESS	214 HILLCREST ST STE 2
CITY ST ZIP	LAKELAND, FL 33815
TITLE	D
NAME	MCQUILLEN, NORMA
STREET ADDRESS	214 HILLCREST ST STE 2
CITY ST ZIP	LAKELAND, FL 33815
TITLE	D
NAME	MERRITT, YVONNE B
STREET ADDRESS	5454 MOON VALLEY DR
CITY ST ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000320549  
04/21/05-80042-007 61.25

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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 this 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 empowerment.

SIGNATURE: *Duane McQuillen*      *Norma McQuillen*      *Yvonne Merritt*      **4-15-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #