


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90042 019 ****61.25

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|--|-----------------------------|--|---|---|----------|
| DOCUMENT # N02000007128 | | | |  | |
| 1. Entity Name GRANDVIEW LANDINGS HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 5600 US HWY 98 N SUITE 1 LAKELAND, FL 33809 | | | Mailing Address PO BOX 92108 LAKELAND, FL 33804 | | |
| 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 | 01102007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 20-0677194 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HARKINS, W.M. R 5600 US HWY 93 N SUITE 1 LAKELAND, FL 33809 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILSON, RICK | | NAME | | |
| STREET ADDRESS | 5644 HILLSIDE LANDING RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33810 | | CITY-ST-ZIP | | |
| TITLE | DVP | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HUFFMAN, DON | | NAME | | |
| STREET ADDRESS | 1911 VIEW POINT LANDING RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33810 | | CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THORPE, CHUCK | | NAME | | |
| STREET ADDRESS | 5541 HILLSIDE LANDING RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33810 | | CITY-ST-ZIP | | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THORPE, ROBIN | | NAME | | |
| STREET ADDRESS | 5541 HILLSIDE LANDING RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 338109 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | JAMES, KATHY | | NAME | | |
| STREET ADDRESS | 1429 VIEW POINT LANDINGS RD | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FL 33810 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 information. | | | | | |
| SIGNATURE: <i>Chuck Thorpe</i> | | 3/19/07 | | Date | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # | |