


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90045 035 ****61.25

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 # GRANDVIEW LANDINGS H.O.A. INC Suite, Apt. #, etc. 5677 GRANDVIEW BLVD. City & State LAKELAND, FL		3. Mailing Address N/A Suite, Apt. #, etc. ← City & State	
Zip 33810		Country POLK	
4. FEI Number 20-0677194		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARKINS, W.M. R 5600 US HWY 93 N SUITE 1 LAKELAND, FL 33809		7. Name and Address of New Registered Agent Name BRUCE HOLDORFF Street Address (P.O. Box Number is Not Acceptable) 1959 VIEWPOINT LANDINGS ROAD City LAKELAND FL Zip Code 33810	
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 BRUCE HOLDORFF - PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 1/17/2008 <small>(NOTE: Registered Agent signature required when remaining)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	DS THORPE, CHUCK 5541 HILLSIDE LANDING RD LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THORPE, ROBIN 5541 HILLSIDE LANDING RD LAKELAND, FL 338109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, KATHY 1429 VIEW POINT LANDINGS RD LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLDORFF, BRUCE 1959 VIEWPOINT LANDINGS ROAD LAKELAND, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANKS, SCOTT 1926 VIEWPOINT LANDINGS ROAD LAKELAND, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 empowered.			
SIGNATURE: BRUCE HOLDORFF <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 1/18/08 <small>Date</small>	
		Daytime Phone #	