

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007128

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: GRANDVIEW LANDINGS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5677 GRANDVIEW BLVD  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

5677 GRANDVIEW BLVD  
LAKELAND, FL 33809

**New Mailing Address:**

FEI Number: 20-0677194      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLDORFF, BRUCE  
1959 VIEWPOINT LANDING RD  
LAKELAND, FL 33810    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DS      ( ) Delete  
Name: THORPE, CHUCK  
Address: 5541 HILLSIDE LANDING RD  
City-St-Zip: LAKELAND, FL 33810

Title: P      ( ) Delete  
Name: HOLDORFF, BRUCE  
Address: 1959 VIEWPOINT LANDINGS RD  
City-St-Zip: LAKELAND, FL 33810

Title: T      ( ) Delete  
Name: FRAKES, SCOTT  
Address: 1926 VIEWPOINT LANDINGS RD  
City-St-Zip: LAKELAND, FL 33810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP/D      (X) Change ( ) Addition  
Name: BOWMAN, JASON  
Address: 1923 VIEWPOINT LANDINGS RD.  
City-St-Zip: LAKELAND, FL 33810

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE HOLDORFF

P

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date