

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90007 026 ****61.25

DOCUMENT # N02000007298 1. Entity Name GRAND PARK COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 8625 SW 200 CIR DUNNELLON, FL 34431-5324		Mailing Address 8625 SW 200 CIR DUNNELLON, FL 34431-5324	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 2049	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State DUNNELLON, FL	
Zip 34430	Country USA	4. FEI Number 55-0817491	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BERTOCH, CARL A 7655 WEST GULF TO LAKE HWY STE 13 CRYSTAL RIVER, FL 34429		7. Name and Address of New Registered Agent 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)</small>			
Filing Fee is \$61.25 Due by September 14, 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 NAME STREET ADDRESS CITY-ST-ZIP DVS COLLINS, J. TIMOTHY 8625 SW 200 CIR DUNNELLON, FL 344315324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DT REAGAN, BARNEY 19449 SW 82 PL RD DUNNELLON, FL 34432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DT MASSANET, ANTHONY J 8625 SW 200 CIRCLE DUNNELLON, FL 344315324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DP WYNNE, JOHN 8185 SW 96TH CRT RD DUNNELLON, FL 34432	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP WYNNE, JOHN 8185 SW 96TH CRT RD DUNNELLON, FL 34432	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>John W. Wynne / JOHN W. WYNNE / 7-6-07 / 352-465-2545</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			