

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000007298

1. Entity Name
GRAND PARK COMMUNITY ASSOCIATION, INC.



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

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

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

Zip

34430

Country
USA

6. Name and Address of Current Registered Agent

BERTOCH, CARL A
7655 WEST GULF TO LAKE HWY STE 13
CRYSTAL RIVER, FL 34429

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

**\$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	<input 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>DT REAGAN, BARNEY 19449 SW 82 PL RD DUNNELLON, FL 34432</i>
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
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: *Jah W. Wynne / John W. Wynne / 7-6-07/352-465-2545*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #