2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001085

FILED Apr 14, 2009 Secretary of State

Entity Name: GRAND PRESERVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 205 GRAND PRESERVE WAY 101 SKYFLOWER CIRCLE DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117 **Current Mailing Address: New Mailing Address:** C/O QUICKLINK INC 101 SKYFLOWER CIRCLE PO BOX 730178 DAYTONA BEACH, FL 32117 ORMOND BEACH, FL 32173 FEI Number: 01-0767872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SHUPING, ANNE F TURNER, JOAN 205 GRAND PRESERVE WAY 101 SKYFLOWER CIRCLE US DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117 US 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: JOAN TURNER 04/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition TURNER, JOAN Name: Name: 101 SKYFLOWER CIRCLE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: Title: DS () Delete Title: (X) Change () Addition SHUPING, ANNE F Name: MCLAVERTY, JAY VP Name: Address: 205 GRAND PRESERVE WAY Address: 201 GRAND PRESERVE WAY City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: DAYTONA BEACH, FL 32117 Title: () Delete Title: () Change (X) Addition REZIQA, HUSSAM SEC Name: Name: 101 BLUESTEM CIRCLE Address: Address: City-St-Zip: City-St-Zip: DAYTONA BEACH, FL 32117 Title: () Delete Title: DT () Change (X) Addition Name: Name: BAKER, WILLIAM TREAS 204 GRAND PRESERVE WAY Address: Address: City-St-Zip: City-St-Zip: DAYTONA BEACH, FL 32117 Title: () Delete Title: () Change (X) Addition SHUPING, ANNE DIR Name: Name: 205 GRAND PRESERVE WAY Address: Address: DAYTONA BEACH, FL 32117 City-St-Zip: 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: JOAN TURNER PRES 04/14/2009