

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000006588

1. Entity Name
**GRAND OAK ESTATES PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**13465 N. INDIAN RIVER DR.
SEBASTIAN, FL 32958**

Mailing Address
**13465 N. INDIAN RIVER DR.
SEBASTIAN, FL 32958**



04272006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HESS, DANIEL P
13465 N. INDIAN RIVER DR.
SEBASTIAN, FL 32958**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HESS, DANIEL P
STREET ADDRESS	13465 N. INDIAN RIVER DR.
CITY-ST-ZIP	SEBASTIAN, FL 32958

TITLE	D
NAME	HESS, LISA A
STREET ADDRESS	13465 N. INDIAN RIVER DR.
CITY-ST-ZIP	SEBASTIAN, FL 32958

TITLE	VTSD
NAME	O'REILLY, STEPHEN R
STREET ADDRESS	13465 N. INDIAN RIVER DR.
CITY-ST-ZIP	SEBASTIAN, FL 32958

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06-80058-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06

Date

772-581-1989

Daytime Phone #