

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90243 030 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N04000001023</b><br>1. Entity Name<br><b>GRAND COVE OWNER'S ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               |                                                                                              |  |
| Principal Place of Business<br><b>506 HWY 98<br/>DESTIN FL 32541</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      | Mailing Address<br><b>506 HWY 98<br/>DESTIN FL 32541</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                                                                                              |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                                              |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      | City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               | 4. FEI Number<br><b>20-0683172</b><br>Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                      | 6. Name and Address of Current Registered Agent<br><b>LARSH, DAWNE<br/>12815 EMERALD COAST PKWY STE 124<br/>DESTIN FL 32550<br/><i>Stephen J. Abbott</i><br/><i>506 Hwy 98 E.<br/>Destin, FL 32541</i></b>                                                                                                                                                                                                                                                                              |                                                                                               |                                                                                              |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE <i>Stephen J. Abbott, Pres.</i> <i>Stephen J. Abbott</i> <i>6/12/06</i><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature is required when terminating)</small> DATE |                                                                                               |                                                                                              |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               | Make Check Payable to<br><b>Florida Department of State</b>                                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                 |  |
| TITLE <b>VD</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>PD</b><br><b>KISH, ALEX</b><br><b>1715 DRIFTWOOD POINT RD</b><br><b>SANTA ROSS BEACH FL 32459</b> | TITLE <b>SD</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>GARY BRIELMAYER</b><br><b>1641 DRIFTWOOD POINT RD</b><br><b>SANTA ROSA BEACH, FL 32459</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                            |  |
| TITLE <b>PD</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>VD</b><br><b>ABBOTT, STEPHEN J</b><br><b>506 HWY 98 EAST</b><br><b>DESTIN FL 32541</b>            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |                                                                                              |  |
| TITLE <b>TD</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>SD</b><br><b>PERK, SANDY</b><br><b>1780 DRIFTWOOD PT RD</b><br><b>SANTA ROSA BEACH FL 32459</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>TD</b><br><b>HIGHTOWER, ED</b><br><b>1780 DRIFTWOOD PT RD</b><br><b>SANTA ROSA BEACH FL 32459</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                             |                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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: <i>Sandra R. Perk</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                      | <i>5/5/06</i><br><small>Date</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               | <i>850-622-2262</i><br><small>Daytime Phone #</small>                                        |  |