


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL  
AND  
FORM.

06 JUL -5 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**  
**2006 AR**

 **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**DOCUMENT #** 110400005314

**1. Corporation Name**

GRANDVIEW OWNERS ASSOCIATION, INC.

**2. Principal Office Address**

10719 FRONT BEACH RD.

Suite, Apt. #, etc.

**3. Mailing Office Address**

← SAME

Suite, Apt. #, etc.

**City & State**

PANAMA CITY BEACH

Zip  
32407

Country

**City & State**

FL 32407

Zip

Country

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number**

20-1249767

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

TIM SLOAN

**Street Address (P.O. Box Number is Not Acceptable)**

427 MCKENZIE AVE

Suite, Apt. #, Etc.

**City**

PANAMA CITY

**State**

FL

**Zip Code**

32407

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of**

**Registered Agent**

**Date**

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip             |
|--------|-----------------------------------|--|--------------------------------|
| P/D    | JOEL PODDICK                      | 10719 FRONT BEACH ROAD<br>PANAMA CITY BEACH    | PANAMA CITY BEACH<br>FL 32407  |
| V/P/D  | JIMMIE MCCREARY                   | 1101 PROSPECT PROMENADE<br>#201                | PANAMA CITY BEACH, FL<br>32413 |
| S/D    | WALTER KRAZENSKI                  | 53527<br>SHERWOOD LANE                         | SHELBY TOWNSHIP, MI<br>48315   |
| T/D    | TIM WILSON                        | 74 SPRINGWATER CROSSING                        | NEWNAN, GA 30265               |
|        |                                   |  | 900077389349                   |
|        |                                   |  | 07/12/06 01027 012 **61.25     |

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

6/26/06

**Daytime Phone #**

7/792