


APPROVAL
AND
FORM.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS 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 # **N10400005314**

1. Corporation Name
GRANDTOWN OWNERS ASSOCIATION, INC.

2. Principal Office Address 10719 FRONT BEACH RD.		3. Mailing Office Address ← SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PANAMA CITY BEACH FL		City & State FL 32407	
Zip 32407	Country	Zip	Country

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
20-1249767

Applied For	Not Applicable
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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 PODRICK	10719 FRONT BEACH ROAD PANAMA CITY BEACH	PANAMA CITY BEACH FL 32407
VP/D	Jimmie McCready	1101 PROSPECT PROMENADE #201 53527	PANAMA CITY BEACH, FL 32413
SLD	WALTER KRAZENSKI	SHADOWOOD LANE	SHELBY TOWNSHIP, MI 48315
TD	Tim Wilson	74 SPRINGWATER CROSSING	NEWNAN, GA 30265

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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: Jimmie McCready Date 6/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/700