

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90050 003 ****66.25

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DOCUMENT # N04000005314 1. Entity Name GRANDVIEW OWNERS ASSOCIATION, INC.					
Principal Place of Business 10719 FRONT BEACH RD PANAMA CITY BEACH, FL 32407			Mailing Address 10719 FRONT BEACH RD PANAMA CITY BEACH, FL 32407		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1249767	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SLOAN, TIM 427 MCKENZIE AVE PANAMA CITY, FL 32401				Name Street Address (P.O. Box Number is Not Acceptable) City State 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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRAZENSKY, WALTER 53527 SHERWOOD LANE SHEPBY TOWNSHIP, MI 48315	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JIMMIE MCCREADY 1101 PROSPECT PROMENADE # 201 PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, TIM 74 SPRINGWATER CROSSING NEWMAN, GA 30265	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALTER KRAZENSKY 53527 SHERWOOD LANE SHELBY TOWNSHIP, MI 48315	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCCREADY, JIMMIE 1101 PROSPECT PROMENADE # 201 LAKE POWELL, FL 32413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NANCY ANSON 508 North Audubon ALBANY, GA 31707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSEPH DE DIETRO P.O. BOX 2546 BAYTOWN, TX 77522	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIM WILSON 74 SPRINGWATER CROSSING NEWMAN, GA 30265	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: <i>Jimmie McCreedy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Jimmie McCreedy, President</i>			Date: <i>1/10/07</i> Daytime Phone #: <i>850-234-0445</i>		