

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005314

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: GRANDVIEW OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10719 FRONT BEACH RD  
PANAMA CITY BEACH, FL 32407

**New Principal Place of Business:**

**Current Mailing Address:**

10719 FRONT BEACH RD  
PANAMA CITY BEACH, FL 32407

**New Mailing Address:**

FEI Number: 20-1249767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILAM, DAVID  
1414 CO. HWY 283 SOUTH, SUITE B  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: KRASZEWSKY, WALTER  
Address: 53527 SHERWOOD LANE  
City-St-Zip: SHELBY TOWNSHIP, MI 48315

Title: D ( ) Delete  
Name: UTHMEIER, BILLY  
Address: 402 BAY OAKS  
City-St-Zip: DESTIN, FL 32541

Title: PD ( ) Delete  
Name: MCCREADY, JIMMIE  
Address: 1101 PROSPECT PROMENADE # 201  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: SD ( ) Delete  
Name: ANSON, NANCY  
Address: 508 NORTH AUDUBON  
City-St-Zip: ALBANY, GA 31707

Title: TD ( ) Delete  
Name: DI PIETRO, JOSEPH  
Address: PO BOX 19758  
City-St-Zip: PANAMA CITY BEACH, FL 32407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID H. MILAM

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date