


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2007 8:00 am**  
**Secretary of State**

08-21-2007 90007 012 \*\*\*\*61.25

<b>DOCUMENT # N05000003174</b> 1. Entity Name <b>GRANDE OAKS FARM - 1ST ADDITION HOMEOWNER'S ASSOCIATION, INC.</b>	
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Principal Place of Business <b>5805 SAUFLEY FIELD RD PENSACOLA, FL 32526</b>	Mailing Address <b>5805 SAUFLEY FIELD RD PENSACOLA, FL 32526</b>
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02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <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  <b>MOORHEAD, STEPHEN R 4300 BAYOU BLVD STE 13 PENSACOLA, FL 32503</b> <i>25 W. Government St Pensacola, FL 32502</i>	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HEATON, CHARLES W 5805 SAUFLEY FIELD RD PENSACOLA, FL 32526</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV STAFFORD, PAMELA H 915 BRANDERMILL DR PENSACOLA, FL 32533</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPST STAFFORD, E TODD 5805 SAUFLEY FIELD RD PENSACOLA, FL 32526</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:** *Pam H. Stafford* **Pam H. Stafford** **8-16-07** **937-**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **9133**