


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

06 AUG 21 PH 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| DOCUMENT # N05000005780                                   |  |
| 1. Entity Name<br>GRANDVIEW EAST OWNERS ASSOCIATION, INC. |   |

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| Principal Place of Business<br>506 HIGHWAY 98 EAST<br>DESTIN, FL 32541 | Mailing Address<br>506 HIGHWAY 98 EAST<br>DESTIN, FL 32541 |
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|--|---|
| 2. Principal Place of Business<br>10713 Ft. Beach Road<br>Suite, Apt. #, etc.<br>1st Floor | 3. Mailing Address<br>10713 Ft. Beach Rd.<br>Suite, Apt. #, etc.<br>1st Floor |
| City & State<br>Panama City Beach, FL  | City & State<br>Panama City Beach, FL   |
| Zip<br>32407   | Country<br>USA  |



06122006 Chg-NP CR2E037 (4/06)

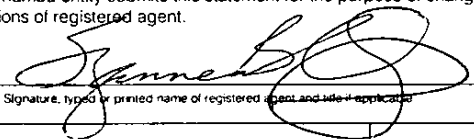
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|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-3373559 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>WALTERS, ELIZABETH J<br>224 MCKENZIE AVENUE<br>PANAMA CITY, FL 32404 |  |
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|--|--|
| 7. Name and Address of New Registered Agent<br>Name: SUZANNE BLANKSHIP<br>Street Address (P.O. Box Number is Not Acceptable): #25 WEST GOVERNMENT ST.<br>City: PENSACOLA, FL Zip Code: 32502 |  |
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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.

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| SIGNATURE:  | (NOTE: Registered Agent signature required when reinstating) | DATE |
|--|--|------|

|                       |   |                             |  |
|-----------------------|---|-----------------------------|--|
| Amended AR is \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to<br>Florida Department of State |
|-----------------------|---|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | OD MORRISSEY, JOHN F<br>13537 BARRETT PARKWAY DRIVE, SUITE 310<br>BALLWIN, MO 630215866 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | OD RIGDON, CHARLES W<br>506 HIGHWAY 98 EAST<br>DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | OD MCCABE, JOHN N<br>506 HIGHWAY 98 EAST<br>DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR - PRESIDENT<br>Bob Hensley<br>4341 Old Bayou Trail<br>DESTIN, FL 32541 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR - VP<br>HARRY OVERTON<br>52537 Sherwood Lane<br>Shelby <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR - VICE PRESIDENT<br>HARRY OVERTON<br>3409 FLEETWOOD DR.<br>LEXINGTON, KY 40502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DIRECTOR - TREASURER / SEC.<br>BRUCE McMELLON<br>671 HIGHLAND LAKES CNE.<br>BIRMINGHAM, AL 35242 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 300079126833<br>08/25/06 08/25/06 020 **66.26   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | JUL 06 2006 <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CIU REV/ADM   |

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

8/21/06