2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N05000005968

Entity Name: GRANTWOOD CONDOMINIUM ASSN. INC.

Current Principal Place of Business:

2508 SW 35TH PL
GAINESVILLE, FL 32608

New Principal Place of Business:

C/O UNION PROPERTIES ASSOC. MGMT. SERVICES
4421 NW 39 AVE., BLDG 2, SUITE 1
GAINESVILLE, FL 32606

Current Mailing Address:

4421 NW 39TH AVENUE
BUILDING 2, SUITE 1
GAINESVILLE, FL 32606

New Mailing Address:

P O BOX 357070
GAINESVILLE, FL 32635

FEI Number: 22-6973686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNION PROPERTIES ASSOC. MGMT SERVICES, INC
4421 NW 39TH AVENUE
BUILDING 2, SUITE 1
GAINESVILLE, FL 32606 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: DP ( ) Delete
Name: PRICE, MATTHEW
Address: 2508 SW 35TH PLACE #60
City-St-Zip: GAINESVILLE, FL 32608

Title: DVP ( ) Delete
Name: PLA, ALEXANDRA
Address: 4907 NW 43RD STREET SUITE F
City-St-Zip: GAINESVILLE, FL 32606

Title: DST ( ) Delete
Name: PLA, JOHN
Address: 4907 NW 43RD STREET SUITE F
City-St-Zip: GAINESVILLE, FL 32606

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:

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: MATTHEW PRICE DP 04/21/2008

Electronic Signature of Signing Officer or Director — Date