

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90034 002 ****61.25

DOCUMENT # N05336

1. Entity Name

GRASSY POND RANCHES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

4936 GRASSY POND RD
CHIPLEY FL 32428
US

Mailing Address

4936 GRASSY POND RD
CHIPLEY FL 32428
US

2. Principal Place of Business

5024 GRASSY POND RD

3. Mailing Address

5024 GRASSY POND RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHIPLEY, FL

City & State

CHIPLEY, FL

Zip

32428

Country

WASHINGTON

Zip

32428

Country

WASHINGTON

6. Name and Address of Current Registered Agent

COAKER, KENNETH D
4936 GRASSY POND RD
CHIPLEY FL 32428

7. Name and Address of New Registered Agent

Name

JONES, JAMES F. SR.

Street Address (P.O. Box Number is Not Acceptable)

5024 GRASSY POND RD

City

CHIPLEY

FL

Zip Code

32428

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MERCK, WALT	
STREET ADDRESS	4855 GRASSY POND RD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COAKER, KENNETH	
STREET ADDRESS	4936 GRASSY POND RD	
CITY-ST-ZIP	CHIPLEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JAMES F SR	
STREET ADDRESS	5024 GRASSY POND RD	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROLLER, BILL	
STREET ADDRESS	4310 PINTO LN.	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JAMES F. SR.	
STREET ADDRESS	5024 GRASSY POND RD.	
CITY-ST-ZIP	CHIPLEY, FL 32428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-5-04

Date

850-773-2589

Daytime Phone #