

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05336

FILED
Apr 17, 2008
Secretary of State

Entity Name: GRASSY POND RANCHES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4895 GRASSY POND RD.
CHIPLEY, FL 32428 US

New Principal Place of Business:

Current Mailing Address:

4895 GRASSY POND RD.
CHIPLEY, FL 32428 US

New Mailing Address:

FEI Number: 59-2698572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYZARD, CHARLES R JR
4895 GRASSY POND RD.
CHIPLEY, FL 32428 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: P () Delete
Name: WYZARD, CHARLES R JR
Address: 4895 GRASSY POND RD
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: PAYNE, LARRY
Address: 2452 PINWOOD DR.
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: WELD, CECILIA
Address: 4841 GRASSY POND RD
City-St-Zip: CHIPLEY, FL 32428

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: HAMMEN, JENNIFER
Address: 4792 GRASSY POND RD
City-St-Zip: CHIPLEY, FL 32428

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: JENNIFER HAMMEN

D

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date