2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001487

Apr 25, 2007 Secretary of State

Entity Name: GRANDE PINES AT LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 4700 MILLENIA BLVD., SUITE 400 1600 WEST COLONIAL DRIVE ORLANDO, FL 32839 ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** P.O. BOX 531010 4700 MILLENIA BLVD., SUITE 400 ORLANDO, FL 32839 ORLANDO, FL 32853 FEI Number: 20-5768333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCARTHY, THOMAS P HANSON, JACK 4700 MILLENIA BLVD., SUITE 400 1600 WEST COLONIAL DRIVE ORLANDO, FL 32804 ORLANDO, FL 32839 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: JACK HANSON 04/25/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCCARTHY, THOMAS P Name: Name: 4700 MILLENIA BLVD., SUITE 400 Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: PETERSON, DON Name: Address: 4700 MILLENIA BLVD., SUITE 400 Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: STD () Delete Title: () Change () Addition DOWLING, LARRY Name: Name: 4700 MILLENIA BLVD., SUITE 400 Address: Address: City-St-Zip: ORLANDO, FL 32839 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: THOMAS MCCARTHY PD 04/25/2007