2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# N06000009440

Entity Name: GRISSOM RIDGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

66 N ATLATIC AVE
STE 205
COCOA BEACH, FL 32931

New Principal Place of Business:

66 N ATLANTIC AVE
STE 205
COCOA BEACH, FL 32931

Current Mailing Address:

66 N ATLATIC AVE
STE 205
COCOA BEACH, FL 32931

New Mailing Address:

66 N ATLANTIC AVE
STE 205
COCOA BEACH, FL 32931

FEI Number: 42-1662406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCALES, JOSEPH R
66 N ATLATIC AVE
STE 205
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

SCALES, JOSEPH R
66 N ATLANTIC AVE
STE 205
COCOA BEACH, FL 32931 US

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: JOSEPH SCALES 04/16/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCALES, JOSEPH R
Address: 66 N ATLATIC AVE - STE 205
City-St-Zip: COCOA BEACH, FL 32931

Title: VPST ( ) Delete
Name: MADISON, PHILLIP A
Address: 25 COUNTRY CLUB RD
City-St-Zip: COCOA BEACH, FL 32931

Title: D ( ) Delete
Name: MADISON, PHILLIP A
Address: 25 COUNTRY CLUB RD
City-St-Zip: COCOA BEACH, FL 32931

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 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: JOSEPH SCALES P 04/16/2007
Electronic Signature of Signing Officer or Director Date