2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# N07000011789

Entity Name: GRAND RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1273 GRAND RIDGE CIRCLE
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

1273 GRAND RIDGE CIRCLE
GULF BREEZE, FL 32563

New Mailing Address:

PO BOX 6221
GULF BREEZE, FL 32563

FEI Number: 26-2559896 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KERRY ANNE SCHILTZ, ESQUIRE
2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 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:	PRES	( ) Delete
Name:	MILLESON, MONIKA	
Address:	1273 GRAND RIDGE CIR.	
City-St-Zip:	GULF BREEZE, FL 32563 US	
Title:	TRES	( ) Delete
Name:	MAZZOLA, DEBBIE	
Address:	1257 GRAND RIDGE CIR.	
City-St-Zip:	GULF BREEZE, FL 32563 US	
Title:	SEC	( ) Delete
Name:	ROMJUE, TRUDY	
Address:	1286 HARRISON AVE.	
City-St-Zip:	GULF BREEZE, FL 32563 US	
Title:	DIR	( ) Delete
Name:	RASNICK, PETER	
Address:	1310 HARRISON AVE.	
City-St-Zip:	GULF BREEZE, FL 32563 US	
Title:	DIR	( ) Delete
Name:	BROUSSARD, TONY	
Address:	1224 GRAND RIDGE CIR.	
City-St-Zip:	GULF BREEZE, FL 32563 US	
Title:	DIR	( ) Delete
Name:	LYNCH, MARILYN	
Address:	1237 GRAND RIDGE CIR.	
City-St-Zip:	GULF BREEZE, FL 32563 US	

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:	( ) 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: DEBBIE MAZZOLA TRES 05/20/2009
Electronic Signature of Signing Officer or Director — Date