

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000493

FILED
Apr 17, 2009
Secretary of State

Entity Name: GRAND RESERVE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6355 METROWEST BLVD., STE. 330
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6355 METROWEST BLVD., STE. 330
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 26-2680246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSMAN, NANCY A.
6355 METROWEST BLVD., STE. 330
ORLANDO, FL 32835 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: DV () Delete
Name: COLE, WILLIAM W. JR.
Address: 111 S. MAITLAND AVE., STE. 101
City-St-Zip: MAITLAND, FL 32751

Title: DV () Delete
Name: GOLDBERG, ALLAN N.
Address: 111 S. MAITLAND AVE., STE. 101
City-St-Zip: MAITLAND, FL 32751

Title: P () Delete
Name: VISCOMI, VINCE
Address: 3 CROOKED TREE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: DST () Delete
Name: ROSSMAN, NANCY A.
Address: 6355 METROWEST BLVD., STE. 330
City-St-Zip: ORLANDO, FL 32835

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:

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: NANCY A ROSSMAN

MS

04/17/2009

Electronic Signature of Signing Officer or Director

Date