

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08418

FILED  
Mar 09, 2010  
Secretary of State

**Entity Name:** GRAND ISLAND RESORT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

36019 CITRUS BLVD  
GRAND ISLAND, FL 32735 US

**New Principal Place of Business:**

**Current Mailing Address:**

36019 CITRUS BLVD  
GRAND ISLAND, FL 32735 US

**New Mailing Address:**

**FEI Number:** 59-2873391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COWIE, RAYMOND  
13104 ORANGE AVE  
GRAND ISLAND, FL 32735 US

**Name and Address of New Registered Agent:**

SIMON, SHARON  
13317 SEA BREEZE LANE  
GRAND ISLAND, FL 32735 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: SHARON SIMON

03/09/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: EKENSTEN, JIM  
Address: 13053 ORANGE AVE.  
City-St-Zip: GRAND ISLAND, FL 32735 US

Title: 1VPD  
Name: MARTIN, CYNDIE  
Address: 13040 ORANGE AVE  
City-St-Zip: GRAND ISLAND, FL 32735 US

Title: 2VPD  
Name: FLEMING, TOM  
Address: 13215 ORANGE AVE  
City-St-Zip: GRAND ISLAND, FL 32735 US

Title: SD  
Name: FREED, CHERYL  
Address: 13118 GRAPE AVE.  
City-St-Zip: GRAND ISLAND, FL 32735 US

Title: TD  
Name: HARRISON, BOB  
Address: 13228 LEMON AVE.  
City-St-Zip: GRAND ISLAND, FL 32735 US

I hereby 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 all other like empowered.

SIGNATURE: JIM EKENSTEN

PD

03/09/2010

Electronic Signature of Signing Officer or Director

Date