

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21108

FILED
Mar 17, 2011
Secretary of State

Entity Name: GROGANS BLUFF ASSOCIATION, INC.

Current Principal Place of Business:

4003 HARTLEY RD.
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

901 WILDERLAND DR
JACKSONVILLE, FL 32225 US

Current Mailing Address:

4003 HARTLEY RD.
JACKSONVILLE, FL 32257 US

New Mailing Address:

PO BOX 350762
JACKSONVILLE, FL 32235 US

FEI Number: 59-2880301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANTRELL, BRYAN K AGENT
4003 HARTLEY RD.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

SHIFFERT, CAROL
12629 HOBBIT LN
JACKSONVILLE, FL 32225 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: CAROL SHIFFERT

03/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTSD
Name: SHIFFERT, CAROL E
Address: 12629 HOBBIT LN
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D
Name: GERRINGER, VEDA
Address: 923 ARKENSTONE DR
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D
Name: WYNN, ANN
Address: 953 ARKENSTONE DR
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D
Name: AMOS, RAYSUSAN
Address: 1005 CLEBRANT DR
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D
Name: PERRY, PATRICK
Address: 1028 WILDERLAND DR
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D
Name: KERSEE, MANCH
Address: 12620 JESTER LN
City-St-Zip: JACKSONVILLE, FL 32225 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: CAROL SHIFFERT

PTSD

03/17/2011

Electronic Signature of Signing Officer or Director

Date