FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21500** **(6)**

1. Corporation Name

GRANDVIEW GROVE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
11255 GRANDVIEW DR. DADE CITY FL 33525 US	11255 GRANDVIEW DR. DADE CITY FL 33525 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/08/1987**
3a. Date of Last Report: **04/11/1994**
4. FEI Number: **59-2963333** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCLAIN, JOE A.
402 E. CHURCH AVENUE
DADE CITY FL 33525

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	FORTUNATO, GARY	12 NAME	KAREN FON
STREET ADDRESS	11271 GRANDVIEW DR.	13 STREET ADDRESS	36830 PERRY CT.
CITY-ST-ZIP	DADE CITY FL	14 CITY-ST-ZIP	DADE CITY FL 33525
TITLE	STD	21 TITLE	STD ☒ Change ☐ Addition
NAME	FUTCH, ROBIN	22 NAME	TASNEEM NENSEY
STREET ADDRESS	11255 GRANDVIEW DR.	23 STREET ADDRESS	11345 GRANDVIEW DR
CITY-ST-ZIP	DADE CITY FL	24 CITY-ST-ZIP	DADE CITY FL 33525
TITLE	VD	31 TITLE	VD ☒ Change ☐ Addition
NAME	FORTUNATO, PEGGY	32 NAME	JAN ANDERTON
STREET ADDRESS	11271 GRANDVIEW DR.	33 STREET ADDRESS	P.O. BOX 2177
CITY-ST-ZIP	DADE CITY FL	34 CITY-ST-ZIP	DADE CITY FL 33525
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Tasneem Nensey 4-27-95 (904) 523-9666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0082131