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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N21500

1. Corporation Name

GRANDVIEW GROVE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

11255 GRANDVIEW DR.
 DADE CITY FL 33525
 US

Mailing Address

11255 GRANDVIEW DR.
 DADE CITY FL 33525
 US



2. Principal Place of Business

21 ~~11255 GRANDVIEW DRIVE~~

2a. Mailing Address

26 **11321 GRANDVIEW DR**

3. Date Incorporated or Qualified

07/08/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2963333

Applied For

Not Applicable

23 City & State

27 **DADE CITY FL**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD DELETE
 NAME ROBIN FUTCH
 STREET ADDRESS 11255 GRANDVIEW DR.
 CITY-ST-ZIP DADE CITY FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME WALI KHAN
 STREET ADDRESS 11310 GRANDVIEW DR.
 CITY-ST-ZIP DADE CITY FL

2.1 TITLE Change Addition
 2.2 NAME **PIUS JACOBS (VD)**
 2.3 STREET ADDRESS **11245 GRANDVIEW DRIVE**
 2.4 CITY-ST-ZIP **DADE CITY, FL**

TITLE SDTD DELETE
 NAME WARREN CROOKS
 STREET ADDRESS 11321 GRANDVIEW DR.
 CITY-ST-ZIP DADE CITY FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

WARREN CROOKS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

352 567746

Date

Daytime Phone #

CR2E037 (11/98)