

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90060 008 ****61.25

DOCUMENT # N21500

1. Entity Name

GRANDVIEW GROVE PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

11255 GRANDVIEW DR.
 DADE CITY FL 33525
 US

Mailing Address

~~11321~~ **11240** GRANDVIEW DR
 DADE CITY FL 33525-8579
 US

2. Principal Place of Business

11240 Grandview Dr.
 Suite, Apt. #, etc.

3. Mailing Address

11240 Grandview Dr
 Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

Dade City, FL

Zip

33525

Country

US

Zip

33525

Country

US

4. FEI Number

59-2963333

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROBIN FUTCH	
STREET ADDRESS	11255 GRANDVIEW DR.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACOBS, PIUS	
STREET ADDRESS	11245 GRANDVIEW DRIVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	SDTD	<input checked="" type="checkbox"/> Delete
NAME	WARREN CROOKS	
STREET ADDRESS	11321 GRANDVIEW DR.	
CITY-ST-ZIP	DADE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wali Khan	
STREET ADDRESS	11310 Grandview Dr.	
CITY-ST-ZIP	Dade City, FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SDTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beth Wynne	
STREET ADDRESS	11240 Grandview Dr.	
CITY-ST-ZIP	Dade City, FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beth Wynne
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00
 Date

352-518-9186
 Daytime Phone #

CR2E037 (9/99)