


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N21500 <small>1. Entity Name</small> GRANDVIEW GROVE PROPERTY OWNERS ASSOCIATION, INC.		
<small>Principal Place of Business</small> 11301 GRANDVIEW DR DADE CITY, FL 33525 US	<small>Mailing Address</small> 11301 GRANDVIEW DR DADE CITY, FL 33525 US	
DO NOT WRITE IN THIS SPACE		
04302004 No Chg-NP CR2E037 (10/03)		
4. FEI Number 59-2963333		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
<small>8. Name and Address of Current Registered Agent</small> MCCLAIN, JOE A. 402 E. CHURCH AVENUE DADE CITY, FL 33525		DO NOT WRITE IN THIS SPACE
<small>9. 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. I am familiar with, and accept the obligations of registered agent.</small>		
<small>SIGNATURE</small> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
U00000153294 05/04/04 00121 012 01.25		
10. OFFICERS AND DIRECTORS		
<small>TITLE</small> VD	<small>NAME</small> DILLON, DAN	
<small>STREET ADDRESS</small> 36815 PERRY COURT	<small>CITY-ST-ZIP</small> DADE CITY, FL 33525	
<small>TITLE</small> PD	<small>NAME</small> BLACKSTONE, HARRY	
<small>STREET ADDRESS</small> 11334 GRANDVIEW DRIVE	<small>CITY-ST-ZIP</small> DADE CITY, FL 33525	
<small>TITLE</small> STD	<small>NAME</small> DODD, RICHARD	
<small>STREET ADDRESS</small> 11301 GRANDVIEW DRIVE	<small>CITY-ST-ZIP</small> DADE CITY, FL 33525	
<small>TITLE</small> NAME	<small>STREET ADDRESS</small> CITY-ST-ZIP	
<small>TITLE</small> NAME	<small>STREET ADDRESS</small> CITY-ST-ZIP	
<small>TITLE</small> NAME	<small>STREET ADDRESS</small> CITY-ST-ZIP	
<small>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.</small>		
SIGNATURE: <i>RICHARD DODD</i>		Date: 4/30/04 Daytime Phone #: 352-523-3669
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

**DO NOT WRITE
IN THIS SPACE**