

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91047 035 ****61.25

DOCUMENT # N26940
1. Entity Name
GRAND OAKS ASSOCIATION, INC.



Principal Place of Business: **C/O VANGUARD MANAGEMENT
9300 N 16 STREET
TAMPA FL 33612
US**

Mailing Address: **C/O VANGUARD MANAGEMENT
9300 N 16 STREET
TAMPA FL 33612
US**



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

Zip: _____ Country: _____

4. FEI Number: **23-2466230**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WINFIELD, JANET
9300 N 16 ST
TAMPA FL 33612**

7. Name and Address of New Registered Agent

Name: _____

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

City: _____ State: **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Janet Winfield* *Janet Winfield* *2-4-04*

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
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KOPEC, KATHY	
STREET ADDRESS	260 22 LOBLOLLY LANE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAYFORD, JOHN	
STREET ADDRESS	4720 BALSAM DR	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACALUSO, RICHARD	
STREET ADDRESS	4847 BASSWOOD STREET	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARWOOD, GEORGE	
STREET ADDRESS	26001 LOBLOLLY LANE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUNCAN, KEN	
STREET ADDRESS	4814 BASSWOOD STREET	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Hayford	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Arwood	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marion Meier	
STREET ADDRESS	4735 Willow Dr	
CITY-ST-ZIP	Land O Lakes FL 34639	
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: *Kathy A. Kopec* *Kathy A. Kopec* *2/10/04* *8139731990*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #