

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26940

FILED
Mar 09, 2007
Secretary of State

Entity Name: GRAND OAKS ASSOCIATION, INC.

Current Principal Place of Business:

C/O VANGUARD MANAGEMENT
9300 N 16 STREET
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

C/O VANGUARD MANAGEMENT
9300 N 16 STREET
TAMPA, FL 33612 US

New Mailing Address:

FEI Number: 23-2466230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KOPEC, KATHY
Address: 260 22 LOBLOLLY LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: P () Delete
Name: BUCK, RICHARD
Address: 26012 LOBLOLLY LANE
City-St-Zip: LAND O' LAKES, FL 34639

Title: D () Delete
Name: MACALUSO, RICHARD
Address: 4847 BASSWOOD STREET
City-St-Zip: LAND O LAKES, FL 34639

Title: DS () Delete
Name: CLARKE, JAMES
Address: 26054 SAWGRASS
City-St-Zip: LAND O LAKES, FL 34639

Title: TD () Delete
Name: MEIER, MARION
Address: 4735 WILLOW DR.
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOPEC, KATHY
Address: 26022 LOBLOLLY LANE
City-St-Zip: LAND O LAKES, FL 34639

Title: D (X) Change () Addition
Name: UPTON, WILLIAM
Address: 4743 WILLOW DR
City-St-Zip: LAND O LAKES, FL 34639

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: CLARK, JAMES
Address: P.O. BOX 17323
City-St-Zip: TAMPA, FL 33682

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET WINFIELD

_____ Electronic Signature of Signing Officer or Director

AGEN

03/09/2007

_____ Date