

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90718 021 ****61.25

004 139

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2466230**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MOYER, BOB
9300 N 16 ST
TAMPA FL 33612~~

Name **WINFIELD, JANET**
Street Address (P.O. Box Number is Not Acceptable) **VANGUARD MGMT.
9300 N. 16th STREET**
City **TAMPA** FL Zip Code **33612**

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** **AGENT** **4-4-03**
Signature, typed or printed name of registered agent and title (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, JAMES	
STREET ADDRESS	P O BOX 17323	
CITY-ST-ZIP	TAMPA FL 33682	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOPEC, KATHY	
STREET ADDRESS	260 22 LOBLOLLY LANE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAYFORD, JOHN	
STREET ADDRESS	4720 BALSAM DR	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	A	<input checked="" type="checkbox"/> Delete
NAME	MOYER, BOB	
STREET ADDRESS	9300 N 16 STREET	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEIN, GEORGE	
STREET ADDRESS	26210 CORKWOOD CT	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LINDSEY, JOHN	
STREET ADDRESS	4609 BASSWOOD STREET	
CITY-ST-ZIP	LAND O LAKES FL 34639	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	26022	
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACALUSO, RICHARD	
STREET ADDRESS	4847 BASSWOOD STREET	
CITY-ST-ZIP	LAND O LAKES, FL. 34639	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AKWOOD, GEORGE	
STREET ADDRESS	26001 LOBLOLLY LANE	
CITY-ST-ZIP	LAND O LAKES, FL. 34639	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNCAN, KEN	
STREET ADDRESS	4814 BASSWOOD STREET	
CITY-ST-ZIP	LAND O LAKES, FL 34639	

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: *Janet Winfield* **JANET WINFIELD** **AGENT** **4-4-03** **(813) 930-8036**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)