

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90022 030 ****61.25

DOCUMENT # N30881 1. Entity Name GRANDE OAKS FARM HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business GRANDE OAKS HOMEOWNER ASSOCIATION INC P.O. BOX 467 GONZALES FL 32560 US				Mailing Address GRANDE OAKS HOMEOWNERS ASSOCIATION P.O. BOX 467 GONZALEZ FL 32560 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3163518	
City & State Zip Country		City & State Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOTH, CATHY 922 BRANDERMILL DR CANTONMENT FL 32533				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Cathy Booth</u> DATE <u>2-20-07</u> Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agent's signature required when necessary)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY ST ZIP	VP LOHBECK, STEVE 1003 BRANDERMILL DRIVE CANTONMENT FL 32533	TITLE NAME STREET ADDRESS CITY ST ZIP	President Lohbeck Steve 1003 Brandermill Dr Cantonment, FL 32533		
TITLE NAME STREET ADDRESS CITY ST ZIP	P ARNOLD, WILLARD 1005 BRANDERMILL DRIVE CANTONMENT FL 32533	TITLE NAME STREET ADDRESS CITY ST ZIP	Vice President Tucker, Mike 910 Brandermill Dr. Cantonment, FL 32533		
TITLE NAME STREET ADDRESS CITY ST ZIP	ST BOOTH, CATHY 922 BRANDERMILL DR CANTONMENT FL 32533	TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Change Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Cathy Booth</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>2-20-07</u> <u>850-430-4405</u> Date Daytime Phone		