2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 20, 2008 8:00 am DOCUMENT # N30881 **Secretary of State** 1. Entity Name 02-20-2008 90006 046 ****61.25 GRANDE OAKS FARM HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address GRANDE OAKS HOMEOWNER ASSOCIATION INCRANDE OAKS HOMEOWNERS ASSOSCIATION I P.O. BOX 467 GONZALEZ FL 32560 GONZALES FL 32560 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3163518 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOOTH, CATHY Street Address (P.O. Box Number is Not Acceptable) 922 BRANDERMILL DR CANTONMENT FL 32533 Zip Code FI 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 Signature, typed or crimted name of registigned agent and but if applicable (NOTE: Benistered Agent signapure required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. President TITLE **⊠** Delete TITLE T Change LOHBECK, STEVE mike Tucker NAME NAME 910 Brandermill Dr 1003 BRANDERMILL DRIVE STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 CITY-ST-ZIP CITY-ST-ZiP Cantonment, FL 32533 Vice President TITLE Delate Addition TITLE ☐ Change Phil Waltrip 907 Brandermill Dr TUCKER, MIKE NAME NAME 910 BRANDERMILL DR STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 CITY-ST-ZIP CITY-ST-ZIP Cantonment, FL 32533 ☐ Delete TITLE Change CitibbA ... NAME BOOTH, CATHY NAME 922 BRANDERMILL DR STREET ADDRESS STREET ADDRESS CANTONMENT FL 32533 CITY-ST-ZIP CITY-ST-7-P TITLE ☐ Delete TITLE Change ncitibbA [NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-Z-P Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

athy Boot

if changed, or on an attachment with an address, with all other like empowered

CATHY BOOTH

12. Thereby 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

2-4.08

850-475-3250

FILED