


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # N37294</b><br>1. Entity Name<br><b>GRASSY ISLAND OWNERS' ASSOCIATION, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>%JOHN L MINTON SR<br/>P O BOX 670<br/>FT PIERCE FL 34954</b>  |   |   | Mailing Address<br><b>%JOHN L MINTON SR<br/>P O BOX 670<br/>FT PIERCE FL 34954</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State  |   |   | City & State   |   |  |
| Zip   |   | Country   |  | 4. FEI Number<br><b>65-0198611</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MINTON, JOHN L SR<br/>2000 N KINGS HWY<br/>FT PIERCE FL 34954</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>  |   |   |  |   |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |   |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>FANIZZI, FRED<br>5651 NE 80TH AVE<br>OKEECHOBEE FL 34972          |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>SCHIRARD, J BRANTLEY<br>1108 TRINIDAD AVE<br>FT PIERCE FL         |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>MINTON, B T<br>8431 HIDDEN PINES ROAD<br>FT PIERCE FL 34950       |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>MINTON, JOHN L.<br>4905 4TH STREET<br>VERO BEACH FL               |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>SMITH, CHRISTOPHER D<br>795 12TH AVENUE SW<br>VERO BEACH FL 32962 |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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1st MOORE CR2E037 (10/05)

4. FEI Number **65-0198611**

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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>FANIZZI, FRED<br>5651 NE 80TH AVE<br>OKEECHOBEE FL 34972          |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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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:**  **JOHN L. MINTON, SEC/TREAS** **3-8-06** **772-464-3501**