2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37294

FILED Apr 17, 2009 Secretary of State

Entity Name: GRASSY ISLAND OWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 114 43RD AVE SW VERO BEACH, FL 32968 **Current Mailing Address: New Mailing Address:** 114 43RD AVE SW VERO BEACH, FL 32968 FEI Number: 65-0198611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MINTON, JOHN L SR SCHIRARD, J BRANTLEY JR 2000 N KINGS HWY P. O. BOX 2667 US FT PIERCE, FL 34954 FT PIERCE, FL 34954 US 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: J BRANTLEY SCHIRARD JR 04/17/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DV () Change () Addition () Delete FANIZZI, FRED Name: Name: 5651 NE 80TH AVE Address: Address: City-St-Zip: OKEECHOBEE, FL 34972 City-St-Zip: Title: Title: () Delete () Change () Addition SCHIRARD, J BRANTLEY Name: Name: Address: 1108 TRINIDAD AVE Address: City-St-Zip: FT PIERCE, FL City-St-Zip: Title: DP Title: (X) Change () Addition () Delete MINTON, BT Name: SCHIRARD, J BRANTLEY JR Name: 8431 HIDDEN PINES ROAD Address: Address: P. O. BOX 2667 City-St-Zip: FT PIERCE, FL 34950 City-St-Zip: FT PIERCE, FL 34954 Title: ST () Delete Title: ST (X) Change () Addition Name: MINTON, JOHN L. Name: SMITH, CHRISTOPHER D Address: 4905 4TH STREET Address: 114 43RD AVE SW City-St-Zip: VERO BEACH, FL City-St-Zip: VERO BEACH, FL 32968 Title: DV () Delete Title: (X) Change () Addition SMITH, CHRISTOPHER D BYNUM, KEVIN Name: Name: 795 12TH AVENUE SW 1970 122ND AVE Address: Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: VERO BEACH, FL 32966

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTOPHER D SMITH ST 04/17/2009