2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# N41834

Entity Name: GRAN MEADOWS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

BANNING MANAGEMENT INC.
6015 MORROW ST., STE. 107
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

BANNING MANAGEMENT, INC.
6015 MORROW ST., STE. 107
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-3063926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANNING MANAGEMENT, INC.
6015 MORROW STREET E., SUITE 107
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STUPANS, JOHN
Address: 4393 POPPY TREE LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD ( ) Delete
Name: STOREY, DOUG
Address: 4396 GRAN MEADOWS LANE N
City-St-Zip: JACKSONVILLE, FL 32258

Title: ST ( ) Delete
Name: HARDY, BILL
Address: 4374 GRAN MEADOWS LANE N
City-St-Zip: JACKSONVILLE, FL 32258

Title: S ( ) Delete
Name: LYONS, GREG
Address: 4409 POPPY TREE LANE
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOHN STUPANS PD 04/25/2009
Electronic Signature of Signing Officer or Director — Date