


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90344 032 \*\*\*\*61.25

**DOCUMENT # N43220**

1. Entity Name  
**GRANDVIEW HEIGHTS CITIZENS ASSOCIATION INC.**



Principal Place of Business  
**1410 GEORGIA AVE  
WEST PALM BEACH FL 33401**

Mailing Address  
**1410 GEORGIA AVE  
WEST PALM BEACH FL 33401**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0273944** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**KETTELLE, STEVE  
1410 GEORGIA AVE  
WEST PALM BEACH FL 33401**

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

**FILE NOW: FEE IS \$61.25**

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 | <b>Change</b><br><b>DD</b><br><b>KETTELLE, STEVE</b><br><b>1506 GEORGIA</b><br><b>WEST PALM BEACH FL 33401</b>       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Change</b><br><b>PRESIDENT</b><br><b>LOIS PETERSON</b><br><b>730 PALM ST</b><br><b>WEST PALM BEACH, FL 33401</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Delete</b><br><b>D</b><br><b>LIPSCOMB, DON</b><br><b>733 NEW YORK STREET</b><br><b>WEST PALM BEACH FL 33401</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Addition</b><br><b>BILL NEWGENT - V.P.</b><br><b>725 New York</b><br><b>WEST PALM BEACH, FL 33401</b>             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Delete</b><br><b>SD</b><br><b>PETERSON, LOIS</b><br><b>730 PALM ST.</b><br><b>WEST PALM BEACH FL 33401</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Change</b><br><b>DIRECTOR</b><br><b>STEVE KETTELLE</b><br><b>1410 GEORGIA</b><br><b>WEST PALM BEACH, FL 33401</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Delete</b><br><b>D</b><br><b>PARHAM, DANIELL</b><br><b>716 NEW YORK STREET</b><br><b>WEST PALM BEACH FL 33401</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Addition</b><br><b>SECRETARY</b><br><b>CRAIG GIVENS</b><br><b>724 N ST.</b><br><b>WEST PALM BEACH, FL 33401</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Delete</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Change</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>Delete</b>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Change</b>  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lois Peterson* **LOIS PETERSON** 4/27/03 561-837-9846

CR2E037 (10/02)