


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46559</b> 1. Entity Name TOWNHOMES OF GRANDE LAGOON HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 13880 PERDIDO KEY DR PENSACOLA, FL 32507	Mailing Address 13880 PERDIDO KEY DR PENSACOLA, FL 32507
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02022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3106269	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BEUMER, BRENDA 13880 PERDIDO KEY DR PENSACOLA, FL 32507	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstalling) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, KIETH 5296 BALFOUR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORLEY, ELANE 5293 KENNSINGTON PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAXWELL, DORA 5289 BALFOUR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENBERG, DOUG 5294 BALFOUR PESSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/03/05-80149-018 61.25  
  
**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Kieth Davis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/25/05 492-5462 <small>Date Daytime Phone #</small>
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