
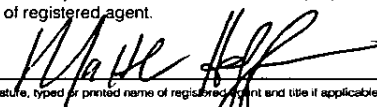
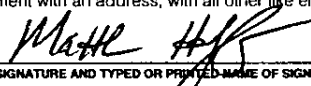


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90037 002 \*\*\*\*61.25

<b>DOCUMENT # N93000003061</b> 1. Entity Name <b>GRANDPOINTE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 11161 PENSACOLA, FL 32524-1161</b>			Mailing Address <b>P.O. BOX 11161 PENSACOLA, FL 32524-1161</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3244320</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MATTOX, MELISSA 4316 GRANDPOINTE PLACE PENSACOLA, FL 32514</b>				7. Name and Address of New Registered Agent  Name <b>Matthew Hoffman</b> Street Address (P.O. Box Number is Not Acceptable) <b>4319 Grandpointe Pl.</b>  City <b>Pensacola</b> <b>FL</b> Zip Code <b>32514</b>	
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 <b>1/29/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MATTOX, MELISSA</b> <b>4316 GRANDPOINTE PLACE</b> <b>PENSACOLA, FL 32514</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Matthew Hoffman - D</b> <b>4319 Grandpointe Pl.</b> <b>Pensacola, FL. 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S <b>BOURGEOIS, RICOLE</b> <b>4313 GRANDPOINTE PLACE</b> <b>PENSACOLA, FL 32514</b>	<input type="checkbox"/> Delete		T/S <b>Nicole Bourgeois - D</b> <b>4313 Grandpointe Pl.</b> <b>Pensacola, FL. 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD <b>BUSH, MARGARET</b> <b>4332 GRANDPOINTE PLACE</b> <b>PENSACOLA, FL 32514</b>	<input checked="" type="checkbox"/> Delete		W <b>Wood Edwards - D</b> <b>4324 Grandpointe Pl.</b> <b>Pensacola, FL. 32514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 				Date <b>1/29/05</b> Daytime Phone # <b>850-484-7325</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					