

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91011 006 ****61.25

DOCUMENT # N93000004197



1. Entity Name
GRANDE BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business
P. O. BOX 4946
SEASIDE, FL 32459 US

Mailing Address
P. O. BOX 4946
SEASIDE, FL 32459 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
58-2131759

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEUZE, DAVID
50 CANAL STREET
SEAGROVE BEACH, FL 32459

Name

Street Address (P.O. Box Number is Not Acceptable)

9064 E Co. Hwy 30-A

City Panama City Beach

FL

Zip Code 32459

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

David Leuze

David Leuze

4/30/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

TITLE PD ☐ Delete
NAME MC NEIL, PHILLIP
STREET ADDRESS 218 CLOISTER GREEN LANE
CITY-ST-ZIP MEMPHIS, TN 38120

TITLE DV ☐ Delete
NAME GREEN, EMORY
STREET ADDRESS 870 CRAMAC DR.
CITY-ST-ZIP LAWRENCEVILLE, GA 30045

TITLE SD ☒ Delete
NAME GOODE-GREEN, SHEILA
STREET ADDRESS 20 S. GRANDE BEACH DRIVE
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE DT ☐ Delete
NAME ELLARD, JEAN
STREET ADDRESS 3005 SMYER ROAD
CITY-ST-ZIP BIRMINGHAM, AL 35216

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David Leuze

Sheila Goode-Green

Phillip McNeil

4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #