

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000002357

1. Entity Name
**GRANDVIEW SUNSET HOMEOWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**PO BOX 2786
PENSACOLA, FL 32513 US**

Mailing Address
**PO BOX 2786
PENSACOLA, FL 32513 US**



03242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3309534

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**QUIGLE, CLARENCE L
3110 N DAVIS STREET
PENSACOLA, FL 32503**

**DO NOT WRITE
IN THIS SPACE**

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 relinquishing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV CLARK, RICHARD 705 PALOMAR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT QUIGLEY, CLARENCE L 3110 N DAVIS STREET PENSACOLA, FL 32503
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04/25/06-80073-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clarence L. Quigley
Clarence L. Quigley

Date

4/6/06

Daytime Phone #

850-438-7561