

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90099 047 ****61.25

DOCUMENT # N94000005327					
1. Entity Name GRASSY OAKS RESIDENTS ASSOCIATION, INC.					
Principal Place of Business 153 CNTR RD VENICE, FL 34285			Mailing Address 153 CNTR RD VENICE, FL 34285		
2. Principal Place of Business - No P.O. Box # 181 Center Rd Suite, Apt. #, etc.		3. Mailing Address 181 Center Rd Suite, Apt. #, etc.		01032007 Chg-NP CR2E037 (12/06)	
City & State Venice, FL		City & State Venice, FL		4. FEI Number 65-0533139	
Zip 34285		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUS MANAGEMENT OF VENICE, INC. 153 CENTER ROAD VENICE, FL 34285			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 181 Center Rd City Venice FL Zip Code 34285		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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 PD NAME FAHEY, JAMES STREET ADDRESS 705 GRASSY OAKS DR CITY - ST - ZIP VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME STROM, DONALD STREET ADDRESS 729 POND LILY WAY CITY - ST - ZIP VENICE, FL 34293	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME KOCH, LUIS STREET ADDRESS 729 POND LILY WY CITY - ST - ZIP VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE TD NAME KOCH LOIS STREET ADDRESS 729 POND LILYWAY CITY - ST - ZIP VENICE FL 34293	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VDP NAME COMSTOCK, ROBERT STREET ADDRESS GRASSY OAKS DRIVE CITY - ST - ZIP VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE SD NAME FLEMING PAUL STREET ADDRESS GRASSY OAKS DRIVE CITY - ST - ZIP VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>4 Louis Koch</i>			Date: <i>3/7/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		