

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005452

FILED
Apr 11, 2006
Secretary of State

Entity Name: GRAND POINTE DEVELOPMENT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6704-C PLANTATION ROAD
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

6704-C PLANTATION ROAD
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3289757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL SAINTS REAL ESTATE INC.
6704-C PLANTATION ROAD
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAPPOLD, KATHY
Address: 2500 ABBIE ELIZABETH CT
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: COYL, PATRICIA
Address: 1191 GRAND POINTE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: PD () Delete
Name: HANDLER, MIKE
Address: 1195 GRAND POINTE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: SILVER, RUSSELL
Address: 1194 GRAND POINTE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: SKELTON, MARK
Address: 1152 MARY KATE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CABASSA, RON
Address: 1171 MARY LOU LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: D (X) Change () Addition
Name: HYMEL, TERRI
Address: 1175 GRAND POINTE DRIVE
City-St-Zip: GULF BREEZE, FL 32563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GILMARTIN, RICHARD
Address: 2611 EDMUND DRIVE
City-St-Zip: GULF BREEZE, FL 32563

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE HANDLER

PD

04/11/2006

Electronic Signature of Signing Officer or Director

Date