


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90076 023 ****61.25

DOCUMENT # N94000005452 1. Entity Name GRAND POINTE DEVELOPMENT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1719 N. 9TH AVE PENSACOLA, FL 32503			Mailing Address 1719 N. 9TH AVE PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3289757	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REALTY MASTERS OF FL 1719 N 9TH AVE PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Pamela Keen</i></u> Pamela Keen owner of Realty Masters <u>3/6/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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 NAME STREET ADDRESS CITY-ST-ZIP	P CABASSA, RON 1171 MARY LOU LANE GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gary Malin 2506 Sylte Ct Gulf Breeze, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HYMEL, TERRI 1175 GRAND POINTE DRIVE GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Kathy Rappold 2500 Abbie Elizabeth Gulf Breeze, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAWLEY, SCOTT 1193 MARY LOU LANE GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Craig Benoit 2544 Frank Circle Gulf Breeze, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELMS, TERESA 1193 MARY LOU LANE GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gilmartin, Richard 2611 Edmund Dr Gulf Breeze, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMARTIN, RICHARD 2611 EDMUND DRIVE GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gilmartin, Richard 2611 Edmund Dr Gulf Breeze, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMARTIN, RICHARD 2611 EDMUND DRIVE GULF BREEZE, FL 32563	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gilmartin, Richard 2611 Edmund Dr Gulf Breeze, FL 32563
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: <u><i>Teresa Helms</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/21/08</u>		Daytime Phone #: <u>850 934 5296</u>

40042454



02082008 Chg-NP CR2E037 (12/06)