2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT # N9500001046					03-20-2006 90004 047 ****61.25				
1. Entity Name GRAND RESERVE HOMEOWNER'S ASSOCIATION, INC.									
7523 ALOMA AVE STE 101		Mailing Address 7523 ALOMA AVE STE 101 WINTER PARK, FL 32792 US		4003	4000				
		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03072006	ND	000500	(44/05)	
					03072006 Chg-NP CR2E037 (11/05) 4. FEI Number Applied For				
City & State		City & State			4. FEI Number 59-353389	3		No	t Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent					7. Name and Add	ress.of.New.Re	gistered Ag	jent	
MISLEY, LORECE A			Name						
LA REAL E			Street Address (Not Acceptable)			
	ARK, FL 32792								
			City				FL	Zip Cod	е
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.									and accept
i iiio obiigai	ons or regulated agont,								
SIGNATURE .	Signature, typed or printed name of registered agent	and trie if applicable, (NOTE; f	Registered Agent signes	re required	when reinstating)		DATE		
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	Filing Fee Is \$61.25 Due by May 1, 2006	9. Election Camp	paign Financing		AF AA		000000000000000000000000000000000000000	May 1800 10 10 10 10 10 10 10 10 10 10 10 10 1	28800.8880.888
10.		[Irust Fund Co	ntribution.		\$5.00 May Be Added to Fees		ke check la Departr		
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	OFFICERS AND DIF				ADDITIONS/CHANG	Floric	ia Departi S AND DIRI	nent of S	late
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	TO STEPHENS, DAVE 109 BAY TREE ST	ECTORS	ITLE NAME STREET ADDRESS	PD Gai	Added to Fees ADDITIONS/CHANG ry Sweeze 4 Baytree	Floric ES TO OFFICER LY Court.	la Departi S AND DIRI	nent of Si ECTORS IN	tate
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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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

AND A SUPPLY SENING OFFICER OR DIRECTO

☐ Delete

03/07/06

407-339-435

☐ Change

■ Addition

Daytime Phone #