


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-20-2006 90004 047 ****61.25

DOCUMENT # N95000001046	
1. Entity Name GRAND RESERVE HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 7523 ALOMA AVE STE 101 WINTER PARK, FL 32792 US	Mailing Address 7523 ALOMA AVE STE 101 WINTER PARK, FL 32792 US
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40034000



03072006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3533893	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent MISLEY, LORECE A LA REAL ESTATE 7523 ALOMA AVE., STE 101 WINTER PARK, FL 32792	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 _____ (NOTE: Registered Agent signature required when reissuing) 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**

**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	TD STEPHENS, DAVE <input type="checkbox"/> Delete 109 BAY TREE ST WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gary Sweezey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 104 Baytree Court Winter Springs FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAWYER, TOM <input checked="" type="checkbox"/> Delete 111 BAYTREE CT WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cathy Pfeil <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 108 Baytree Court Winter Springs FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FITZSIMONS, JAMES <input checked="" type="checkbox"/> Delete 100 BRIDGEWOOD CT WINTER SPRINGS, FL 32708	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 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 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 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: *Gary A. Sweezey* 03/07/06 407-339-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #