2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # N95000001046** 02-14-2007 90050 012 ****61.25 GRAND RESERVE HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address AUUIO: * . 7523 ALOMA AVE 7523 ALOMA AVE STE 101 STE 101 WINTER PARK, FL 32792 WINTER PARK, FL 32792 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01022007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-3533893 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MISLEY, LORECE A LA REAL ESTATE Street Address (P.O. Box Number is Not Acceptable) 7523 ALOMA AVE., STE 101 WNTER PARK, FL 32792 Zip Code FI 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. SIGNATUR ure, typed or printed name of registered agent and title if applicate (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TD TITLE Change □ Delete TITLE ☐ Addition Stephans, Daved STEPHENS, DAVE NAME NAME STREET ADDRESS 109 BAY TREE ST STREET ADDRESS 109 Bay Tree St. WINTER SPRINGS, FL 32708 CITY-ST-ZIP CITY-ST-78 Winter Springs FL 32708 PD TITLE Delete SD TITLE (MA) Addition ☐ Change SWEEZEY, GARY HAME NAME Tracte Theune STREET ADDRESS 104 BAYTREE CT STREET ADDRESS 103 Bridgewood Ct. CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-712 Winter Springs, FL 32708 TITLE SD **Delete** TITLE TD NAME PFEIL, CATHY NAME John Pfeil STREET ADDRESS 108 BAYTREE CT STREET ADDRESS 108 Baytree Ct. CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP Winter Springs, FL 32708 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE: X

CITY-ST-ZIP

SIGNATURE AND TYPED OR PUNTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-07 47-674260

FILED

Feb 14, 2007 8:00 am