

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90041 010 \*\*\*\*61.25

<b>DOCUMENT # N95000001046</b>					
<b>1. Entity Name</b> GRAND RESERVE HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 7523 ALOMA AVE STE 101 WINTER PARK, FL 32792 US			<b>Mailing Address</b> 7523 ALOMA AVE STE 101 WINTER PARK, FL 32792 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3533893	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MISLEY, LORECE A LA REAL ESTATE 7523 ALOMA AVE., STE 101 WINTER PARK, FL 32792				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>  SIGNATURE <u>Lorece A. Misley</u> DATE <u>2/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD STEPHENS DAVE 109 BAY TREE ST WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD Daryl Mair 106 Bay Tree Ct Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHENS DAVE 109 BAY TREE ST WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD Ed Coyle 104 Bridgewood Ct Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD TRACIE, THEUNE 103 BRIDGEWOOD CT WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD Russ Kealen 113 Bay Tree Ct. Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD PFEIL, JOHN 108 BAYTREE CT WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Daryl A. Mair</u>				Date <u>2/22/08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	