

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001046

FILED  
Feb 20, 2009  
Secretary of State

**Entity Name:** GRAND RESERVE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

7523 ALOMA AVE  
STE 101  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

7523 ALOMA AVE  
STE 101  
WINTER PARK, FL 32792 US

**New Mailing Address:**

**FEI Number:** 59-3533893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MISLEY, LORECE A  
LA REAL ESTATE  
7523 ALOMA AVE., STE 101  
WINTER PARK, FL 32792 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAIR, DARYL  
Address: 106 BAY TREE CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD ( ) Delete  
Name: COYL, ED  
Address: 104 BRIDGEWOOD CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD ( ) Delete  
Name: KEALEN, RUSS  
Address: 113 BAY TREE CT  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARYL MAIR

P

02/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date