## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001075

FILED Apr 25, 2005 Secretary of State

Entity Name: GRAND CARIBBEAN WEST OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
321 HWY 98 E DESTIN, FL 32541				3191 SCENIC HWY 98 EAST DESTIN, FL 32541		
Current Mailing Address:				New Mailing Address:		
321 HWY 98 E DESTIN, FL 32541				3191 SCENIC HWY 98 EAST DESTIN, FL 32541		
FEI Number: 59-3260154 FEI Number Applied For() FEI N			FEI Number N	umber Not Applicable ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Nam	e and Addre	ess of New Registered Agent:	
321 HWY 9 DESTIN, F The above n the State	L 32541 L named entity of Florida.	JS submits this statement for the pu	irpose of char	nging its regis	stered office or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent					 Date	
OFFICERS	S AND DIREC	CTORS:	ADD	ITIONS/CH/	ANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	VPD ( MACDONALD 1330 5TH STF HICKORY, NO	REET NE # 24	Title: Name Addre City-S	ss:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	D ( LAKEMPER, 0 619 MARYANI MONTGOMER	N DR	Title: Name Addre City-S	ss: 619 M	(X) Change ( ) Addition MPER, GARY IARYANN DRIVE GOMERY, AL 36109	
Fitle: Name: Address: City-St-Zip:	JENKINS, SUZ 1517 RIDGEM		Title: Name Addre City-S	ss: 1517	(X) Change ( ) Addition INS, SUZANN RIDGEMASTER DRIVE E COLLEGE, PA 16803	
Fitle: Name: Address: City-St-Zip:	RICE, EVA 1519 MOCCA	) Delete SIN TRAIL BOR, MI 49022	Title: Name Addre City-S	ss: 1117 <sup>°</sup>	(X) Change()Addition EVA BROAD STREET SEPH, MI 49085	
Fitle: Name: Address: Dity-St-Zip:	(	) Delete	Title: Name Addre City-S	ss: 1930	( ) Change (X) Addition NEAU, CYNTHIA SETTING SUN TRAIL AHASSEE, FL 32303	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SUZANN JENKINS PD 04/25/2005