

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001075

FILED
Feb 09, 2007
Secretary of State

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

Current Principal Place of Business:

3191 SCENIC HWY 98 EAST
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

3191 SCENIC HWY 98 EAST
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3260154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETERSON, DALE E
321 HWY 93 EAST
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

WOLFF, JANET L MANAGER
385 HIGHWAY 98
DESTIN, FL 32541 US

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: WOLFF, JANET L.

02/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICE, EVA
Address: 1330 5TH STREET NE # 24
City-St-Zip: HICKORY, NC 28601

Title: D () Delete
Name: LAKEMPER, GARY
Address: 619 MARYANN DRIVE
City-St-Zip: MONTGOMERY, AL 36109

Title: D () Delete
Name: MARTIN, DENNIS
Address: 1106 GOLF VIEW DR
City-St-Zip: NAPPANEE, IN 46550

Title: D () Delete
Name: RICE, EVA
Address: 1117 BROAD STREET
City-St-Zip: ST JOSEPH, MI 49085

Title: SDTD () Delete
Name: BARINEAU, CYNTHIA
Address: 1930 SETTING SUN TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICE, EVA
Address: 52671 GRAPE ROAD
City-St-Zip: GRANGER, IN 46530

Title: VP (X) Change () Addition
Name: LAKEMPER, GARY
Address: 619 MARYANN DRIVE
City-St-Zip: MONTGOMERY, AL 36109

Title: D (X) Change () Addition
Name: SHAMPINE, KATHLEEN M
Address: 4652 WINDSTARR DRIVE
City-St-Zip: DESTIN, FL 32541

Title: D (X) Change () Addition
Name: HOLMQUIST, JUDY
Address: 8670 HOWARD AVENUE
City-St-Zip: ST. JOHN, IN 47373

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EVA RICE

P

02/09/2007

Electronic Signature of Signing Officer or Director

Date