

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002743

FILED
Apr 04, 2009
Secretary of State

Entity Name: GRAND OAKS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

GRAND OAKS SUBDIVISION
NICEVILLE, FL 32588

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1501
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GLISSON, KAREN
309 GRAND OAKS DR.
NICEVILLE, FL 32578 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: GLISSON, KAREN
Address: 309 GRAND OAKS DR.
City-St-Zip: NICEVILLE, FL 32578

Title: VD () Delete
Name: MCLEAY, SUSAN
Address: 306 BOGGY BAYOU CT.
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: JORDAN, GRADY
Address: 318 GRAND OAKS DR.
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: MANASCO, REUBEN
Address: 303 BOGGY BAYOU CT.
City-St-Zip: NICEVILLE, FL 32578

Title: BD () Delete
Name: BROWN, LAURENCE
Address: 317 GRAND OAKS DRIVE
City-St-Zip: NICEVILLE, FL 32578

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:

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: REUBEN MANASCO

TD

04/04/2009

Electronic Signature of Signing Officer or Director

Date