2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2008 8:00 am Secretary of State DOCUMENT # N97000002304 04-02-2008 90021 005 ****61.25 1. Entity Name GRAND MANOR HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 4400 BELLVIEW P.O. BOX 30038 US PENSACOLA, FL 32503-1038 US PENSACOLA, FL 32526 2. Principal Place of Business - No P.O. Box # 0.Box 12507 Suite, Apt. #, etc. 03062008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-3411951 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILSON MOODY, SUSAN 220 WEST GARDEN STREET Street Address (P.O. Box Number is Not Acceptable SUITE 303 PENSACOLA, FL 32502 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 SIGNATURE (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Judy Fountain D 4444 Bellview +6A でっろ □ Change TITLE Delete FOUNTAIN, STEVE NAME NAME 4444 BELLVIEW LANE STREET ADDRESS STREET ADDRESS Pensacola JL 32526 CITY-ST-ZIP PENSACOLA, FL 32526 CITY-ST-ZIP Joann LaSota DIT 4204 Bellview +1A TITLE ☐ Defete Addition NAME STEPHENS, TEXANN NAME STREET ADDRESS 4420 BELLVIEW STREET ADDRESS Pensacola. 71 32506 CITY-ST-ZIP PENSACOLA, FL 32526 CITY-ST-ZIP ☐ trelete ☐ Change ■ Addition BLACKWELL, MAC T NAME NAME 4444 BELLVIEW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32526 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE PEEVY, MARGARET 4418 BELLVIEW STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32526 CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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