FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATIONS

DOCUMENT # N9800003291

GRANDE HARBOR OCEAN CLUB OWNERS ASSOCIATION, INC

Principal Place of Business 119 EUCLID AVENUE BIRMINGHAM AL 35213-2906

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

Mailing Address

2a. Mailing Address

City & State

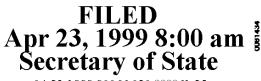
Suite, Apt. #, etc.

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27

28

119 EUCLID AVENUE BIRMINGHAM AL 35213-2906



04-23-1999 90066 020 ****61.25

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Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed 06/08/1998

58-2412634

5. Certificate of Status Desired

4. FEI Number

| 23 | | 28 | | | | | | | | | Fee Re | dused |
|----------------------|---|-----------|-----------------------------|--------------|-------------|----------------------|--------------------------|--|-----------------------------|------------------------------|----------------------------|------------------------|
| Zip | Country | | Zip | | intry | | | ection Campaign | _ | П | \$5.00 | • |
| 24 | 25 | 29 | | 30 | | | | rust Fund Contribu | | | Added t | o Fees |
| | 9. Name and Address of Current | Regis | stered Agent | | | | 10. N | ame and Addres | s of New F | legistered A | gent | |
| | | | ; | | 81 | Name | | | | | | |
| WALTERS, ELIZABETH J | | | | 82 | Street Addr | ress (P.O | . Box Number is i | Not Accepta | ible) | | | |
| 221 MCKENZIE AVENUE | | | | | Ш | | | | | | | |
| PANAMO | CITY FL | | | | 83 | | | | • | | | |
| | | | | | 84 | City | | | | | 85 Zip C | Code |
| | | | | | | • | | | | <u>FL</u> | <u> </u> | |
| office or r | to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the obligation | Flori | ida. Such change was a | เมริกดกรอง | ועםנ | tne comoratio | poration s ion's boar | ubmits this staten d of directors. I he | nent for the ereby accer | purpose of o t the appoin | hanging its tment as re | registered gistered |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title | if applicable. (NOTE | : Registered | l Agent | t signature required | ed when reins | stating) | | DATE | | |
| 12. | OFFICERS AND | | | 13. | | | AD | DITIONS/CHANG | ES TO OF | FICERS AND | DIRECTO | RS IN 12 |
| TITLE | D | | ☐ DELETE | 1.1 T | TLE | | | | | | Change | ☐ Addition |
| NAME | KENNEDY, CARTER F | | | 1.2 N | AME | | | | | | | . |
| STREET ADDRESS | 3125 INDEPENDENCE DRIVE SU | JITE | 116 | 1.3 \$ | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | BIRMINGHAM AL 35209 | | | 1.4 C | ITY-ST | T- Z IP | | | | | | |
| TITLE | D | | ☐ DELETE | 2.1 T | TLE | | | | | | Change | Addition |
| NAME | NALL, J. WALLACE JR. | | | 2.2 N | AME | | | | | | | |
| STREET ADDRESS | 119 EUCLID AVE. | | | 2.3 \$ | TREET | ADORESS | | | | | | |
| CITY-ST-ZIP | BIRMMINGHAM AL 35213 | | | 2.40 | ITY-S | T-ZIP | | | | | بہ و ت | |
| TITLE | D | | ☐ DELETE | 3.1 T | TLE | | | | | | Change | Addition |
| NAME | REICH, ROBERT D JR. | | | 3.2 N | AME | | | | | | | |
| STREET ADDRESS | 119 EUCLID AVENUE | | | 3.3 \$ | TREET | ADDRESS | | | | | | ! |
| CITY-ST-ZIP | BIRMINGHAM AL 35213-2906 | | | 3.4. 0 | ITY-S | T-ZIP | | | | | | |
| TITLE | | | ☐ DELETE | 4.1 T | TLE | | | | | | Change | Addition |
| NAME | | | | 4.21 | AME | 1 | | | | | | |
| STREET ADDRESS | | | | 4.3 S | TREET | ADDRESS | | | | | | |
| · CITY-ST-ZIP | | | | 4.40 | ITY-SI | r-zip | | | | | | |
| TITLE | | | ☐ DELETE | 5.1 T | | | | | | | Change | Addition |
| NAME | | | | 5.2 N | | | | | | | | ļ |
| STREET ADDRESS | · · | | | 5.3 S | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | · | | | | ITY-S1 | T-ZIP | | | <u></u> | | | CT A Lee |
| TITLE | | | ☐ DELETE | 6.1 T | ΠLE | | | | | | Change | Addition |
| NAME | | | | 6.2 N | AME | | | | | | | |
| STREET ADDRESS | | | | 6.3 S | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | } | | | | ITY-\$1 | | | | | | | |
| 14. Lhereby | certify that the information supplied with | this t | filing does not qualify for | r the exe | mpti | on stated in S | Section 1 | 19.07(3)(i), Florid | a Statutes. | I further cert | ify that the i | nformation |

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attainment with an address, with all other like empowered.

SIGNATURE: