

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703625

Entity Name: GRANDIN LAKE SHORES ASSOCIATION, INC.**Current Principal Place of Business:**418 LAKE SHORE TERRACE
INTERLACHEN, FL 32148**Current Mailing Address:**P O BOX 369
INTERLACHEN, FL 32148**FEI Number:** 59-0951388**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEAVER, TROY
127 OAK STREET
INTERLACHEN, FL 32148 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:** TROY WEAVER

04/12/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WOODARD, GLENDA
Address P O BOX 369
City-State-Zip: INTERLACHEN FL 32148

Title VP
Name MCCARTHY, KAREN MRS.
Address P O BOX 369
City-State-Zip: INTERLACHEN FL 32148

Title DIRECTOR
Name DUEVER, JOHN SCOTT
Address P O BOX 369
City-State-Zip: INTERLACHEN FL 32148

Title PRESIDENT
Name WEAVER, TROY
Address 127 OAK ST
City-State-Zip: INTERLACHEN FL 32148

Title TREASURER
Name CURTIS, HELEN
Address P O BOX 369
City-State-Zip: INTERLACHEN FL 32148

Title DIRECTOR
Name CHAUNCEY, NICHOLE
Address P O BOX 369
City-State-Zip: INTERLACHEN FL 32148

Title DIRECTOR
Name WILSON, TERESA
Address P O BOX 369
City-State-Zip: INTERLACHEN FL 32148

Title SECRETARY
Name THOMAS, SABRINA
Address P O BOX 369
City-State-Zip: INTERLACHEN FL 32148

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: HELEN CURTIS

TREASURER

04/12/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ELLIS, TIMOTHY
Address P O BOX 369
City-State-Zip: INTERLACHEN FL 32148

Title DIRECTOR
Name DOSWELL, CAROLE
Address P O BOX 369
City-State-Zip: INTERLACHEN FL 32148