


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001365
 1. Entity Name
SANTA LUCIA AT GRANDE OAK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3200 BAILEY LN, STE 117 NAPLES, FL 34105	Mailing Address 3200 BAILEY LN, STE 117 NAPLES, FL 34105
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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3705356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PASSIDEMO, JOHN
 821 5TH AVE
 # 201
 NAPLES, FL 34102

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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) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHEPHERD, NICK 3200 BAILEY LN, STE 117 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST COPPERMAN, HAROLD 3200 BAILEY LN, STE 117 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, R SCOTT 2640 GOLDEN GATE PKWY, STE 115 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **1-12-05 239-643-6267**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #