## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001365

FILED Apr 28, 2006 Secretary of State

Entity Nan	ne: SANTA LI	JCIA AT GRANDE OAK HOM	IEOWNERS ASSOCIATIO	DN, INC.		
Current Principal Place of Business:			New Principal	New Principal Place of Business:		
3200 BAILEY LN, STE 117 NAPLES, FL 34105			4306 ARNOLD AVENUE NAPLES, FL 34104			
Current Mailing Address:			New Mailing A	New Mailing Address:		
3200 BAILE NAPLES, F	EY LN, STE 11 FL 34105	7	PO BOX 11039 NAPLES, FL 3			
FEI Number:	59-3705356	FEI Number Applied For ( )	FEI Number Not Applicabl	e ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:		
PASSIDEMO, JOHN 821 5TH AVE # 201 NAPLES, FL 34102 US			4306 ARŃOLD NAPLES, FL 3	KUETER, BEVERLY 4306 ARNOLD AVENUE NAPLES, FL 34104 US		
		submits this statement for the	ourpose of changing its re	gistered office or registered agent, or both,		
in the State of Florida.  SIGNATURE: BEVERLY KUETER  Florida: Signature of Benieten of Annual				04/28/2006		
	Electron	ic Signature of Registered Ag	ent	Date		
OFFICERS	S AND DIREC	TORS:	ADDITIONS/C	HANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP () SHEPHERD, NI 3200 BAILEY LI NAPLES, FL 34	N, STE 117	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DVST () COPPERMAN, I 3200 BAILEY LI NAPLES, FL 34	N, STE 117	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	PRICE, R SCOT	GATE PKWY, STE 115	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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: NICK SHEPHERD DP 04/28/2006