


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90073 029 \*\*\*\*61.25

DOCUMENT # N01000001365

1. Entity Name  
**SANTA LUCIA AT GRANDE OAK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4306 ARNOLD AVENUE  
 NAPLES, FL 34104**

Mailing Address  
**PO BOX 110399  
 NAPLES, FL 34108**



2. Principal Place of Business - No P.O. Box #  
**37180 Bay Landing Dr**

3. Mailing Address  
**27180 Bay Landing Dr.**

Suite, Apt. #, etc.  
**Suite 4**

01252008 Chg-NP CR2E037 (12/06)

City & State  
**Santa Spngs, FL**

City & State  
**Santa Spngs, FL**

Zip  
**34135**

Country  
**USA**

4. FEI Number  
**59-3705356**

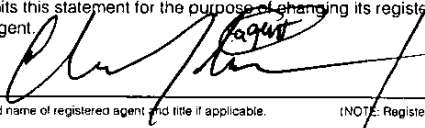
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**KUETER, BEVERLY**  
**4306 ARNOLD AVENUE**  
**NAPLES, FL 34104**

7. Name and Address of New Registered Agent  
 Name **Sterling Property Services**  
 Street Address (P.O. Box Number is Not Acceptable)  
**27180 Bay Landing Dr**  
**Suite 4**  
 City **Santa Spngs** FL Zip Code **34135**

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  DATE **2/29/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PISA, ROBERT 11544 AMALFI WAY ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRATOVIL, R.D. 11532 AMALFI WAY ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SULLIVAN, ARAMIS 11552 AMALFI WAY ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **2/29/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #