## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001365

FILED Apr 07, 2009 Secretary of State

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

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Current Principal Place of Business:				New Principal Place of Business:				
27180 BAY LANDING DR				27180 BAY LANDING DR				
STE. 4 BONITA SPRINGS, FL 34135				SUITE 4 BONITA SPRINGS, FL 34135				
Current Mailing Address:				New Mailing Address:				
27180 BAY LANDING DR				27180 BAY LANDING DR				
STE. 4 BONITA SPRINGS, FL 34135				SUITE 4 BONITA SPRINGS, FL 34135				
FEI Number:	59-3705356	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certifica	ate of Status D	esired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Reg	gistered Age	nt:
STERLING PROPERTY SERVICES 21180 BAY LANDING DRIVE, STE. 4 BONITA SPRINGS, FL 34135 US				STERLING PROPERTY SERVICES 21180 BAY LANDING DRIVE, SUITE 4 BONITA SPRINGS, FL 34135 US				
The above in the State		submits this statement for the	purpose o	f changing it	s registered	office or I	registered ag	ent, or both,
SIGNATURE:				04/07/2009				
	Electron	ic Signature of Registered Ag	jent				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	DP () PISA, ROBERT 11544 AMALFI ESTERO, FL 33			Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	DV () KRATOVIL, R.D 11532 AMALFI ESTERO, FL 33	WAY		Title: Name: Address: City-St-Zip:	VPS ( KRATOVIL, R 11532 AMAL ESTERO, FL	.D. FI WAY	( ) Addition	
Title: Name: Address: City-St-Zip:	DST () SULLIVAN, ARA 11552 AMALFI ESTERO, FL 33	WAY		Title: Name: Address: City-St-Zip:	DT ( SULLIVAN, AI 11552 AMAL ESTERO, FL	RAMIS FI WAY	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT PISA DP 04/07/2009