2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001371

FILED Mar 27, 2002 8:00 AM Secretary of State

Entity Name: SARACENO AT GRANDE OAK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2043 TRADE CENTER WAY C/O R&P PROPERTY MANAGEMENT NAPLES, FL 34109 265 AIRPORT ROAD SOUTH NAPLES, FL 34104 **Current Mailing Address:** New Mailing Address: 2043 TRADE CENTER WAY C/O R&P PROPERTY MANAGEMENT 265 AIRPORT ROAD SOUTH NAPLES, FL 34109 NAPLES, FL 34104 FEI Number: 59-3660474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, GARY K ESQ CARROLL, GLENN C/O R&P PROPERTY MANAGEMENT PORTER, WRIGHT, MORRIS & ARTHUR, LLP 265 AIRPORT ROAD SOUTH 5801 PELÍCAN BAY BOULEVARD - SUITÉ 300 NAPLES, FL 34108 US NAPLES, FL 34104 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: GLENN CARROLL 03/27/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SOAVE, JOHN F Name: Name: 2043 TRADE CENTER WAY Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: SOAVE, RYAN Name: Address: 2043 TRADE CENTER WAY Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: () Delete Title: () Change () Addition SCHEINHOLZ, ARTHUR Name: Name: 2043 TRADE CENTER WAY Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN SOAVE PD 03/27/2002