


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90091 017 \*\*\*\*61.25

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DOCUMENT # N02000000866					
1. Entity Name AVALON AT GRANDEZZA COMMONS ASSOCIATION, INC.					
Principal Place of Business C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DR., SUITE 206 NAPLES, FL 34103 US			Mailing Address C/O SOUTHWEST PROPERTY MGMT. 1044 CASTELLO DR., SUITE 206 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # 27800 OLD 41		3. Mailing Address 27800 OLD 41			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BONITA SPRINGS, FL		City & State BONITA SPRINGS, FL		4. FEI Number 75-1632788	
Applied For Not Applicable					
Zip 34135	Country USA	Zip 34135	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DR., SUITE 206 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: STERLING PROPERTY SERVICES Street Address (P.O. Box Number is Not Acceptable) 27800 OLD 41 City: BONITA SPRINGS 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: <u>[Signature]</u> DATE: 4/28/07 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSI, FRANK		NAME		
STREET ADDRESS	20270 BURNSIDE PLACE, #1301		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, RAYMOND C		NAME		
STREET ADDRESS	20241 BURNSIDE PLACE, #501		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, JOHN		NAME		
STREET ADDRESS	20200 BURNSIDE PLACE, #2002		STREET ADDRESS		
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP		
TITLE	<del>SA</del>	<input type="checkbox"/> Delete	TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	STEVE ZENTZ	
STREET ADDRESS			STREET ADDRESS	6 BROOK VALLEY CT	
CITY-ST-ZIP			CITY-ST-ZIP	FREELAND, NJ 21053	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RON CORNIEL	
STREET ADDRESS			STREET ADDRESS	2026 <del>ESTERO</del> BURNSIDE PL #1402	
CITY-ST-ZIP			CITY-ST-ZIP	ESTERO, FL, 33928	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RON GRAMAZIO	
STREET ADDRESS			STREET ADDRESS	12 MARION PL	
CITY-ST-ZIP			CITY-ST-ZIP	ISLAND PARK, NY 11558	
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: <u>[Signature]</u>		Date: 4/28/07		Daytime Phone #: 239 947 4552	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	