


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

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

02-21-2008 90024 001 \*\*\*\*61.25

DOCUMENT # N02000000866

1. Entity Name  
 AVALON AT GRANDEZZA COMMONS ASSOCIATION, INC.



Principal Place of Business  
~~27000 OLD 41~~  
 BONITA SPRINGS, FL 34135 US

Mailing Address  
~~27000 OLD 41~~  
 1044 CASTELLO DR., SUITE 206  
 BONITA SPRINGS, FL 34135 US

2. Principal Place of Business - No P.O. Box #  
 27180 BAYLANDING DR  
 Suite, Apt. #, etc.  
 4

3. Mailing Address  
 27180 BAYLANDING DR  
 Suite, Apt. #, etc.  
 4

City & State  
 BONITA SPRINGS, FL


City & State  
 BONITA SPRINGS, FL

Zip  
 34135

Country  
 USA

Zip  
 34135

Country  
 USA



01242008 Chg-NP CR2E037 (12/06)

4. FEI Number  
 75-1632788

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

6. Name and Address of Current Registered Agent  
 STERLING PROPERTY SERVICES  
~~27000 OLD 41~~  
 BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 27180 BAYLANDING DR  
 SUITE 4  
 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 J. Blawie DATE 2/13/08

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	DST ZENTZ, STEVE 6 BROOK VALLEY CT FREELAND, MD 21053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, RAYMOND C 20241 BURNSIDE PLACE, #501 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	PD STEPHENS, JOHN 20200 BURNSIDE PLACE, #2002 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	D CORMIER, RON 20260 BURNSIDS PL #1402 ESTERO, FL 33928 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAMAZIO, RON 12 MARION PL ISLAND PARK, NY 11558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: J. Blawie Date 2/13/08 Daytime Phone # 239 947 4552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR