


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90053 009 ****61.25

DOCUMENT # N04000001902			
1. Entity Name SAVONA AT GRANDEZZA NEIGHBORHOOD ASSOCIATION, INC.			
Principal Place of Business 4501 TAMIEMI TRAIL NAPLES, FL 34103 US		Mailing Address 4501 TAMIEMI TRAIL NAPLES, FL 34103 US	
2. Principal Place of Business <i>4980 Stock Community Serv</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>4980 Tamiami Trl N Ste 101</i>		Suite, Apt. #, etc.	
City & State <i>Naples FL</i>		City & State	
Zip <i>34103</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent		4. FEI Number 57-1200619	
GRABINSKI, MATTHEW L 4001 TAMIAMI TRAIL N #300 NAPLES, FL 34103		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name <i>Stock Community Services, LLC</i>		CR2E037 (11/05)	
Street Address (P.O. Box Number is Not Acceptable) <i>4501 TAMIAMI TRAIL NORTH, Suite 300</i>			
City <i>NAPLES</i> FL Zip Code <i>34103</i>			
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 <i>Sandra Houldsworth U.P. SCS</i>		DATE <i>1-13-06</i>	
Filing Fee is \$81.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLACK, BRAD 4501 TAMIEMI TRAIL., #300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DP</i> <i>Blaine Spivey</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEBER, BETH 4501 TAMIEMI TRAIL., #300 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DVP</i> <i>Sandra Houldsworth</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOULDSWORTH, SANDY 4501 TAMIEMI TRAIL., #300 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DST</i> <i>Valerie Schechinger</i> <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
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
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: <i>Sandra Houldsworth</i>		Date <i>1-13-06</i> Daytime Phone # <i>239-261-9232</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			