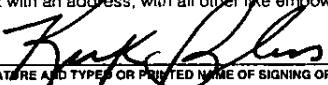


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90289 038 ****61.25

DOCUMENT # N04000007467 1. Entity Name GRANDE EXCELSIOR AT THE GRANDE PRESERVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108			Mailing Address 5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108		
2. Principal Place of Business 285 Grande Way Suite, Apt. #, etc.		3. Mailing Address 3050 N. Horseshoe Dr. Suite, Apt. #, etc. #275			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 20-1430691	
Zip 34119		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATHAN, G. HELEN 5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Kramer-Triad Management Group LLC Street Address (P.O. Box Number is Not Acceptable) 3050 N. Horseshoe Drive #275 City Naples FL 34104		
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 _____ 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, 2005		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	D ☐ Delete CORACE, RICHARD F 5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete GRIFFIN, GERALD F II 5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete SHARPE, KEITH A 5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  April 07, 2005 (239) 263-1577 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					