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	Mailing Address
5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108	5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108

03162005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
285 Grande Way	3050 N. Horseshoe Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #275
City & State: Naples, FL	City & State: Naples, FL
Zip: 34119 Country: US	Zip: 34104 Country: US

4. FEI Number: 20-1430691 ☐ Applied For ☐ Not Applicable

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 Zip Code: 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 _____ DATE
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 CORACE, RICHARD F 5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFIN, GERALD F II 5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARPE, KEITH A 5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108	☐ 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
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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 #