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.



				20.01	j			
Principal Place of Business 5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108 Mailing Address 5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108					 	ALGUN ASINI ASINI KAND NAN	I BARI (1881 ANNIA BIITI IKI	INDI DI NEI
2. Principal Place of Business 285 Grande Way 3050 N. Horseshoe Dr.								
Suite, Apt. #, etc. J Suite, Apt. #, etc. #275] 0040000	hg-NP C	R2E037 (10/03)	
City & Stat	es, FL	City & State	-, -, -, -, -, -, -, -, -, -, -, -, -, -		4. FEI Number 20-143	10691	No	oplied For of Applicable
34119	7 Country U.S	34104	Cou	<u>us</u>	5. Certificate of S		\$8.75 Add	ditional d
	6. Name and Address of Current R	7. Name and Add	dress of New Regis					
ATHAN, G. HELEN 5551 RIDGEWOOD DR SUITE 203 NAPLES, FL 34108 Name Name Name Name Name Name Name Name					P.O. Box Number is	Not Acceptable Seshoe	ement Gr Drive #2	275
					les		FL 多 华	04
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) DATE								
- '	Filing Fee is \$61.25 Due by May 1, 2005		on Campaign F Fund Contribut		\$5.00 May Be Added to Fees		check payable to Department of S	
10.	OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	10
TITLE	D	☐ Delet	-				☐ Change	☐ Addition
NAME Street address	CORACE, RICHARD F 5551 RIDGEWOOD DR SUITE 20:	4	NAM. Stre	EET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34108	•		-ST-ZIP				
TITLE	D							
NAME	_	☐ Delet	e titli	E	<u>—</u>		☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this tiling 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:

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 07 2005 (239) 263-157