2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 20, 2006 8:00 am Secretary of State

DOCUMENT # N0400007467 1. Entity Name GRANDE EXCELSIOR AT THE GRANDE PRESERVE CONDOMINIUM ASSOCIATION, INC.								05-02-200	06 90161 047 ***	**61.25
Principal Place 285 GRANDS #275 NAPLES, FL	E WAY	S	285 GR #275	Mailing Address 285 GRANDE WAY #275 NAPLES, FL 34119					UNESZÆPROJE(
2. Principal P	lace of Busin	ess	3. Mailing Address							
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.				Chg-NP	CR2E037 (11/05)	
City & State			City &	City & State			4. FEI Number 20-1430		 -	pplied For of Applicable
Zip		Country Zip			Country		 	of Status Desired	\$8.75 Ad	ditional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name 1										
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. Lam familiar with and a										and accept
the obligations of registered agent. SIGNATURE Signature, hyped or privided normy of regulatered appent and title of applicable. (NOTE: Registrated appent alignature required when rentations) DATE										
	_	e is \$61.25 lay 1, 2006		9. Election Camp Trust Fund Co	ontribution.		\$5.00 May Be Added to Fees	Flo	flake check payable t rida Department of S	late
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	5551 RID	OFFICERS AND OF RICHARD F GEWOOD DR SUITE 2 FL 34108	11, TITLE NAME STREET ADDRESS CITY-S1-ZIP		ADDITIONS/CHA	NGES TO OFFICE	ERS AND DIRECTORS IN	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		KEITH A SEWOOD DR SUITE 2 FL 34108	203	☐ 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	MA	R 2 8 200	.	☐ Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				C) Delkie	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
12. Thereby certify that the information supplied with this filling 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 frue 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 or address, with all other like empowered.										
SIGNATURE: SIGNATURE: SHOW TURES OF STORMING OFFICER OF DIRECTOR DEED DESCRIPTION DESCRIPTION DESCRIPTION OF DE										
SIGNATURE: BIOMATURE: BIOMATURE OF BIOMING OFFICER OR DIRECTOR Deta Department of Department of Deta Department of Deta Department of Deta Department of Depar										