

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90354 005 ****61.25

DOCUMENT # N04000007467 1. Entity Name GRANDE EXCELSIOR AT THE GRANDE PRESERVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 285 GRANDE WAY #275 NAPLES, FL 34119			Mailing Address 285 GRANDE WAY #275 NAPLES, FL 34119		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 20-1430691
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BECA & POLIAKOFF PA GREGORY W MADER ESQ 4501 TAMiami TRAIL N 214 NAPLES, FL 34103				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
Filing Fee is \$61.25 Due by May 1, 2008		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	P TULL, JOSEPH 285 GRANDE WAY #405 NAPLES, FL 34110	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARDY, ROBERT 285 GRANDE WAY #1201 NAPLES, FL 34110	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUPPER, BILL 285 GRANDE WAY #405 NAPLES, FL 34110	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEWART, TOM 285 GRANDE WAY GC#1 NAPLES, FL 34110	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECK, DAN 285 GRANDE WAY #1406 NAPLES, FL 34110	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL HABERER 285 Grande Way 901 Naples FL 34110	☒ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	☐ Change ☐ Addition			
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 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>Shirley L. Harris, Agent</i> 4-14-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					