


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000011377

1. Entity Name
 GRAN PARADISO PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
 1265 HORSE & CHAISE BLVD
 VENICE, FL 34285

Mailing Address
 PO BOX 558
 VENICE, FL 34284

DO NOT WRITE IN THIS SPACE



02212007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 20-3748887

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODGERS, SAM R
 1265 HORSE & CHAISE BLVD
 VENICE, FL 34285

DO NOT WRITE IN THIS SPACE

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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODGERS, SAM R 448 BAYSHORE DR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODGERS, RICHARD D P.O. BOX 1313 OSPREY, FL 34229
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODGERS, REX S 1446 BRAMBLING CT BRADENTON, FL 34212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T DIXON, KATHLEEN S 1612 LILLIPUT CT VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000673295
 03/29/07-80023-017 61.25

DO NOT WRITE IN THIS SPACE

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: *[Signature]* Date: 3-13-06 Daytime Phone #: 941-493-6626

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR