


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000011377 1. Entity Name GRAN PARADISO PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1265 HORSE & CHAISE BLVD VENICE, FL 34285	Mailing Address PO BOX 558 VENICE, FL 34284
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (4/06)

4: FEI Number 20-3748887	Applied For Not Applicable
5: Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____

Filing Fee is \$81.25
Due by May 1, 2008

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

U00000876088
04/11/08-80059-016 61.25

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	

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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]* 3-27-08 941-493-6626
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #