
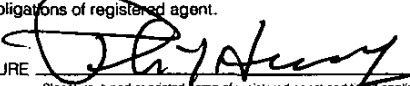



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90082 042 ****61.25

DOCUMENT # N31726			
1. Entity Name GRAN PARK AT PORT SALERNO OWNERS ASSOCIATION, INC.			
Principal Place of Business 10151 DEERWOOD PARK BLVD. BLDG. 100, STE. 330 JACKSONVILLE, FL 32256		Mailing Address 10151 DEERWOOD PARK BLVD. BLDG. 100, STE. 330 JACKSONVILLE, FL 32256	
2. Principal Place of Business 3130 SE GRAN PKWY		3. Mailing Address P.O. Box 977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State STUART, FL		City & State PORT SALERNO 34992	
Zip 34997	Country USA	Zip 34992	Country U.S.A.
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANSON, KARL B III 10151 DEERWOOD PARK BLVD. BLDG. 100, STE. 330 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name: PHILIP L. HELLRIEGEL Street Address (P.O. Box Number is Not Acceptable): 3130 SE. GRAN PKWAY City: STUART FL Zip Code: 34997	
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:  PHILIP L. HELLRIEGEL SEC/TREAS. 8-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD CAREY, G J <input checked="" type="checkbox"/> Delete 10151 DEERWOOD PARK BLVD., BLDG.100 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. CIFERRI PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 977 PORT SALERNO, FL 34992
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAHAM, LEWIS W JR <input checked="" type="checkbox"/> Delete 10151 DEERWOOD PARK BLVD., BLDG.100 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR BECKER V PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 977 PORT SALERNO, FL 34992
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HANSON, KARL B III <input checked="" type="checkbox"/> Delete 10151 DEERWOOD PARK BLVD., BLDG.100 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR HELLRIEGEL SEC/TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 977 PORT SALERNO, FL 34992
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, MELINDA <input checked="" type="checkbox"/> Delete 10151 DEERWOOD PARK BLVD., BLDG.100 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR GLASROD DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 977 PORT SALERNO, FL 34992
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TICKELL, KEITH A <input checked="" type="checkbox"/> Delete 10151 DEERWOOD PARK BLVD., BLDG. 100 JACKSONVILLE, FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. GLUFFENHEIN DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 977 PORT SALERNO, FL 34992
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR BLAZIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO. Box 977 PORT SALERNO, FL 34992
12. I hereby certify that the information supplied with this filing 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: 		8-11-05 772-419-0280	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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08102005 Chg-NP CR2E037 (10/03)