


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90020 032 \*\*\*\*61.25

<b>DOCUMENT # N31726</b>	
1. Entity Name <b>GRAN PARK AT PORT SALERNO OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>3120 SOUTHEAST GRAN PARKWAY STUART FL 34997 US</b>	Mailing Address <b>P.O. BOX 977 PORT SALERNO FL 34992 US</b>
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2. Principal Place of Business <b>3130 SE GRAN PARK WAY</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

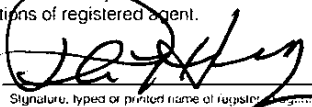
1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number <b>25-115433</b> <b>NO-T APPLICABLE</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HELLRIEGEL, PHILIP L 3120 SOUTHEAST GRAN PARKWAY STUART FL 34997</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>3130 SE GRAN PARK WAY</b>		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code

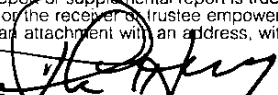
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **PHILIP L. HELLRIEGEL** **2-9-06**  
Signature, typed or printed name of registered agent, if not applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CIFERRI, MR.			NAME			
STREET ADDRESS	P.O. BOX 977			STREET ADDRESS			
CITY-ST-ZIP	PORT SALERNO FL 34992			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECKER, MR.			NAME			
STREET ADDRESS	P.O. BOX 977			STREET ADDRESS			
CITY-ST-ZIP	PORT SALERNO FL 34992			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELLRIEGEL, MR.			NAME			
STREET ADDRESS	P.O. BOX 977			STREET ADDRESS			
CITY-ST-ZIP	PORT SALERNO FL 34992			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLADROD, MR.			NAME			
STREET ADDRESS	P.O. BOX 977			STREET ADDRESS			
CITY-ST-ZIP	PORT SALERNO FL 34992			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GLAFFENHEIN, MR.			NAME			
STREET ADDRESS	P.O. BOX 977			STREET ADDRESS			
CITY-ST-ZIP	PORT SALERNO FL 34992			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLAZIE, MR.			NAME			
STREET ADDRESS	P.O. BOX 977			STREET ADDRESS			
CITY-ST-ZIP	PORT SALERNO FL 34992			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **PHILIP L. HELLRIEGEL** **2-9-06** **772-419-2280**