


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-28-2008 90029 005 ****61.25

DOCUMENT # N31726

1. Entity Name
GRAN PARK AT PORT SALERNO OWNERS ASSOCIATION, INC.



Principal Place of Business
~~3120 SOUTHEAST GRAN PARKWAY~~
 STUART, FL 34997 US

Mailing Address
 P.O. BOX 977
 PORT SALERNO, FL 34992 US

2. Principal Place of Business - No P.O. Box #
3353 SE GRAN PARK WAY

3. Mailing Address
 Suite, Apt. #, etc.

City & State **STUART, FL**

City & State

Zip **34997** Country

Zip Country

40000017



03172008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1115433

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~CIFERRI, MICHAEL F.~~
~~3353 S.E. GRAN PARK WAY~~
 STUART, FL 34997

7. Name and Address of New Registered Agent

Name **CIFERRI, MICHAEL F.**

Street A **3353 SE GRAN PARK WAY**

City **STUART, FL** Zip **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 _____ 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, 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete CIFERRI, MR. P.O. BOX 977 PORT SALERNO, FL 34992 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete BECKER, MR. P.O. BOX 977 PORT SALERNO, FL 34992 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete BLAZIE, DEANE 518 S. BEACH RD. HOBE SOUND, FL 33455 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete GLASRUO, MR. P.O. BOX 977 PORT SALERNO, FL 34992 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete GLAFENHIEN, MR. P.O. BOX 977 PORT SALERNO, FL 34992 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete BLAZIE, MR. P.O. BOX 977 PORT SALERNO, FL 34992 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D BLAZIE, DEANE 518 S BEACH RD. HOBE SOUND, FL 33455 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D GLASRUO, MR. P.O. BOX 977 PORT SALERNO, FL 34992 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____