

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31726

FILED  
Feb 02, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3353 SE GRAN PARK WAY  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-1115433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CIFERRI, MICHEAL F  
3353 S.E. GRAM PARK WAY  
STUART, FL 34997 US

**Name and Address of New Registered Agent:**

CIFERRI, MICHEAL F  
3353 S.E. GRAN PARK WAY  
STUART, FL 34997 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

02/02/2009

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CIFERRI, MR.  
Address: P.O. BOX 977  
City-St-Zip: PORT SALERNO, FL 34992

Title: V ( ) Delete  
Name: BECKER, MR.  
Address: P.O. BOX 977  
City-St-Zip: PORT SALERNO, FL 34992

Title: D ( ) Delete  
Name: BLAZIE, DEANE  
Address: 518 S. BEACH RD.  
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete  
Name: GLASRUD, MR  
Address: P.O. BOX 977  
City-St-Zip: PORT SALERNO, FL 34992

Title: D ( ) Delete  
Name: GLAFENHIEN, MR.  
Address: P.O. BOX 977  
City-St-Zip: PORT SALERNO, FL 34992

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CIFERRI, MICHAEL F MR.  
Address: P.O. BOX 977  
City-St-Zip: PORT SALERNO, FL 34992

Title: V (X) Change ( ) Addition  
Name: BECKER, HARRY MR.  
Address: P.O. BOX 977  
City-St-Zip: PORT SALERNO, FL 34992

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: THOMAS, RICHARD MR.  
Address: P.O. BOX 977  
City-St-Zip: PORT SALERNO, FL 34992

Title: D (X) Change ( ) Addition  
Name: MARTINE, PAUL MR.  
Address: P.O. BOX 977  
City-St-Zip: PORT SALERNO, FL 34992

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL F. CIFERRI

Electronic Signature of Signing Officer or Director

P

02/02/2009

Date