

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31726

**FILED**  
**Jan 18, 2017**  
**Secretary of State**  
**CC1917352881**

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

**Current Principal Place of Business:**

4249 SW HIGH MEADOWS AVE.  
PALM CITY, FL 34990

**Current Mailing Address:**

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

**FEI Number: 65-1115433**

**Certificate of Status Desired: No**

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

CIFERRI, MICHAEL F  
4249 SW HIGH MEADOWS AVE.  
PALM CITY, FL 34990 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CIFERRI, MICHAEL FMR.  
Address P.O. BOX 977  
City-State-Zip: PORT SALERNO FL 34992

Title V  
Name BECKER, HARRY MR.  
Address P.O. BOX 977  
City-State-Zip: PORT SALERNO FL 34992

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

Title D  
Name THOMAS, RICHARD MR.  
Address P.O. BOX 977  
City-State-Zip: PORT SALERNO FL 34992

Title D  
Name MARTINE, PAUL MR.  
Address P.O. BOX 977  
City-State-Zip: PORT SALERNO FL 34992

*I hereby 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 all other like empowered.*

**SIGNATURE: MICHAEL CIFERRI**

**P**

**01/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date