2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SANDRA J. HOULDS WORTH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # N00000005904** 04-20-2005 90339 036 ****61.25 1. Entity Name GRANDEZZA MASTER PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4501 TAMIAMI TRAIL NO. 4501 TAMIAMI TRAIL NO. SUITE 300 SUITE 300 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172005 Chg-NP CR2E037 (10/03) Applied For City & State FEI Number 59-3675222 City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLEMAN, KEVIN G ESQ. GOODLETTE, COLEMAN & JOHNSON, PA Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRAIL N. SUITE 300 NAPLES, FL 34103 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE Delete TITLE STOCK, K.C. NAME TAMEAME TRAIL NORTH #300 NAME STREET ADDRESS 5692 STRAND COURT, SUITE 1 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110-CITY-ST-ZIP ☐ Change TITLE □ Delete 4501 TAMIAMI TRAIL NORTH #300 STOCK, BRIAN K NAME NAME 5692-STRAND COURT, SUITE-1 STREET ADDRESS STREET ADDRESS NAPLES, FL 34110_ CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE TAMLAME TRAIL NORTH #300 BLACK, BRAD -NAME NAME* 5692-STRAND-COURT; SUITE-1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34110 ☐ Addition ☐ Change ٧Þ ☐ Delete TITLE TITLE 4501 TAMIAME TRAIL NORTH #300 WEBER, BETH NAME STREET ADDRESS 5692 STRAND BLVD, SUITE 1 STREET ADDRESS CITY-ST-ZIP NAPLES, FL-34110-CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 4501 TAMEAME TRATE NORTH #300 HOULDSWORTH, SANDRA J NAME NAME STREET ADDRESS 5692 STRAND BLVD, SUITE 1 STREET ADDRESS NAPLES, FL 34/03 NAPLES, FL. 34110 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED