


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90032 011 \*\*\*\*61.25

**DOCUMENT # N00000005904**

1. Entity Name  
**GRANDEZZA MASTER PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4501 TAMIAMI TRAIL NO. SUITE 300 NAPLES, FL 34103**

Mailing Address  
**4501 TAMIAMI TRAIL NO. SUITE 300 NAPLES, FL 34103**

2. Principal Place of Business  
*c/o Stock Community Svc.*

3. Mailing Address

Suite, Apt. #, etc.  
**4980 Tamiami Tr / N Ste 101**

Suite, Apt. #, etc.

City & State  
**Naples FL**

City & State

Zip  
**34103**

Country  
**USA**

Zip

Country



01112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3675222**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COLEMAN, KEVIN G ESQ.  
 GOODLETTE, COLEMAN & JOHNSON, PA  
 4001 TAMIAMI TRAIL N, SUITE 300  
 NAPLES, FL 34103**

**7. Name and Address of New Registered Agent**

Name  
**STOCK COMMUNITY SERVICES, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**4501 TAMIAMI TRAIL NORTH SUITE 300**

City  
**NAPLES FL**

Zip Code  
**34103**

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 *Sandra Houldsworth U.P.S.C.S. SANDRA HOULDSWORTH* **1-13-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

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	D STOCK, K.C. 4501 TAMIAMI TRAIL NORTH, # 300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCK, BRIAN K 4501 TAMIAMI TRAIL NORTH, # 300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLACK, BRAD 4501 TAMIAMI TRAIL NORTH, # 300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBER, BETH 4501 TAMIAMI TRAIL NORTH, # 300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOULDSWORTH, SANDRA J 4501 TAMIAMI TRAIL NORTH, # 300 NAPLES, FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Blaine Spivey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Sandra Houldsworth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Valerie Schechinger	<input checked="" 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 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: *Sandra Houldsworth SANDRA HOULDSWORTH* **1-13-06** **239-261-9237**

Signature and typed or printed name of signing officer or director Date Daytime Phone #