


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90003 008 \*\*\*\*61.25

<b>DOCUMENT # N00000005904</b>					
<b>1. Entity Name</b> GRANDEZZA MASTER PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O STOCK COMMUNITY SVCS. 4980 TAMiami TRL N STE 101 NAPLES, FL 34103			<b>Mailing Address</b> 4501 TAMiami TRAIL NO. SUITE 308 NAPLES, FL 34103		
<b>2. Principal Place of Business - No P.O. Box #</b> 27800 OLD 41		<b>3. Mailing Address</b> 27800 OLD 41			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> BONITA SPRINGS, FL		<b>City &amp; State</b> BONITA SPRINGS, FL		<b>4. FEI Number</b> 59-3675222	
<b>Zip</b> 34135		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> STOCK COMMUNITY SVCS, LLC 4501 TAMiami TRAIL NORTH NAPLES, FL 34103			<b>7. Name and Address of New Registered Agent</b> Name: <b>STERLING PROPERTY SERVICES</b> Street Address (P.O. Box Number is Not Acceptable): 27800 OLD 41 RD City: <b>BONITA SPRINGS</b> <b>FL</b> <b>Zip Code</b> <b>34135</b>		
<b>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.</b> SIGNATURE: <i>[Signature]</i> <span style="float: right;">4/29/07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> DP <b>NAME</b> SPIVEY, BLAINE <b>STREET ADDRESS</b> 4501 TAMiami TRAIL NORTH, # 300 <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> DVP <b>NAME</b> HOULDSWORTH, SANDRA <b>STREET ADDRESS</b> 4501 TAMiami TRAIL N, # 300 <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> DST <b>NAME</b> SCHECHINGER, VALERIE <b>STREET ADDRESS</b> 4501 TAMiami TRAIL NORTH, # 300 <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> WEBER, BETH <b>STREET ADDRESS</b> 4501 TAMiami TRAIL NORTH, # 300 <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> ST <b>NAME</b> HOULDSWORTH, SANDRA J <b>STREET ADDRESS</b> 4501 TAMiami TRAIL NORTH, # 300 <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> [Blank] <b>NAME</b> [Blank] <b>STREET ADDRESS</b> [Blank] <b>CITY-ST-ZIP</b> [Blank]	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> <b>CARL CARL</b> <b>STREET ADDRESS</b> <b>20106 BUTTERNUT</b> <b>CITY-ST-ZIP</b> <b>ESTERO FL 33928</b>					
<b>SV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> <b>SUSAN WULBER</b> <b>STREET ADDRESS</b> <b>20057 BUTTERNUT</b> <b>CITY-ST-ZIP</b> <b>ESTERO, FL 33928</b>					
<b>DST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> <b>TOM HUGHES</b> <b>STREET ADDRESS</b> <b>20072 MARKWARD CROSSING</b> <b>CITY-ST-ZIP</b> <b>ESTERO, FL 33928</b>					
<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> <b>ROBERT PINNEL</b> <b>STREET ADDRESS</b> <b>19850 MARKWARD CROSSING</b> <b>CITY-ST-ZIP</b> <b>ESTERO, FL 33928</b>					
<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> <b>AL MEYER</b> <b>STREET ADDRESS</b> <b>20251 CALICO CT # 2504</b> <b>CITY-ST-ZIP</b> <b>ESTERO, FL 33928</b>					
<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> <b>ARAMIS SULLIVAN</b> <b>STREET ADDRESS</b> <b>P.O. Box 722</b> <b>CITY-ST-ZIP</b> <b>ESTERO, FL 33928</b>					
<b>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.</b>					
SIGNATURE: <i>[Signature]</i> <span style="float: right;">4/28/07 239 547 4552</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					