


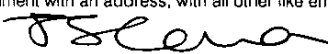


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90025 031 \*\*\*\*61.25

<b>DOCUMENT # N00000005904</b> 1. Entity Name <b>GRANDEZZA MASTER PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>27800 OLD 41</b> <b>BONITA SPRINGS, FL 34135</b>			Mailing Address <b>27800 OLD 41</b> <b>BONITA SPRINGS, FL 34135</b>		
2. Principal Place of Business - No P.O. Box # <b>27180 BAYLANDING DR</b> Suite, Apt. #, etc. <b>SUITE 4</b>		3. Mailing Address <b>27180 BAYLANDING DR</b> Suite, Apt. #, etc. <b>SUITE 4</b>		<b>40053110</b>    01242008    Chg-NP    CR2E037 (12/06)	
City & State <b>BONITA SPRINGS, FL</b>		City & State <b>BONITA SPRINGS, FL</b>		4. FEI Number <b>59-3675222</b>	
Zip <b>34135</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STERLING PROPERTY SERVICES</b> <b>27800 OLD 41 RD</b> <b>BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>27180 BAYLANDING DR.</b> <b>SUITE 4</b> City <b>BONITA SPRINGS</b> <b>FL</b> Zip Code <b>34135</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.					
SIGNATURE 				DATE <b>2/19/08</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>P</b> NAME <b>CLARK, CARL</b> STREET ADDRESS <b>20106 BUTTERMERE CR</b> CITY-ST-ZIP <b>ESTERO, FL 33928</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>MADELYN ISAACS</b> STREET ADDRESS <b>12555 GRANDEZZA CIRCLE</b> CITY-ST-ZIP <b>ESTERO, FL, 33928</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>WULBER, SUSAN N</b> STREET ADDRESS <b>20037 BUTTERMERE CR</b> CITY-ST-ZIP <b>ESTERO, FL 33928</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>ROBERT PISA</b> STREET ADDRESS <b>11544 AMALFI WAY</b> CITY-ST-ZIP <b>ESTERO, FL, 33928</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>DST</b> NAME <b>HUGHES, TOM</b> STREET ADDRESS <b>20072 MARKWARD CROSSING</b> CITY-ST-ZIP <b>ESTERO, FL 33928</b>	<input type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>KEVIN LACY</b> STREET ADDRESS <b>P.O. BOX 5316</b> CITY-ST-ZIP <b>NARRAGANSETT RI 02880</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>ST</b> NAME <b>PINNEL, ROBERT</b> STREET ADDRESS <b>19850 MARKWARD CROSSING</b> CITY-ST-ZIP <b>ESTERO, FL 33928</b>	<input type="checkbox"/> Delete		TITLE <b>PD</b> NAME <b>SEC</b> STREET ADDRESS <b>RON GREENWALD</b> CITY-ST-ZIP <b>19840 MARKWARD CROSSING</b> <b>ESTERO, FL, 33928</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>MERER, AL</b> STREET ADDRESS <b>20251 CAUCO CT #2504</b> CITY-ST-ZIP <b>ESTERO, FL 33928</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>SULLIVAN, ARAMIS</b> STREET ADDRESS <b>P.O. BOX 722</b> CITY-ST-ZIP <b>ESTERO, FL 33928</b>	<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: 				DATE <b>2/24/08</b> <b>2399474552</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date    Daytime Phone #	