


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-26-2006 90046 014 ****61.25

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1. Entity Name
GRANDE ESTATES NEIGHBORHOOD 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

60006671

2. Principal Place of Business
96 Stock Community Svcs
 Suite, Apt. #, etc.
4980 Tamiami Trl Nsk 101

3. Mailing Address
 Suite, Apt. #, etc.



01112006 Chg-NP CR2E037 (11/05)

City & State
NAPLES FL

City & State

Zip **34103** Country **USA**

Zip Country

4. FEI Number
59-3675230

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STOCK, BRIAN
4501 TAMIAMI TRAIL NO. 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, SUITE 300

City **NAPLES** State **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 V.P. SCS* DATE **1-13-06**

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

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	DP STOCK, BRIAN 4501 TAMIAMI TRAIL NO #300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BLACK, BRAD 4501 TAMIAMI TRAIL NO #300 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOULDSWORTH, SANDY 4501 TAMIAMI TRAIL NO # 300 NAPLES, FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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** 239-261-9732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #